

See Document File 51-10501

12/18/51 ES

Man 8484

652
51 10502BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10502

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HARRY AARONSON

2. DATE
OF
DEATH

12/4/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3711 Liberty Heights Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3711 Liberty Heights Ave

Length of stay in Baltimore

60 Yrs

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 20, 1874

9. AGE (in years

last birthday)

77

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired MensShop

10B. KIND OF BUSINESS OR INDUSTRY

clothing

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Aaron Aaronson

14. MOTHER'S MAIDEN NAME

Dena ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Mrs Minnie Aaronson 3711 Liberty Heights Ave

18.

420.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A) Arteriosclerotic Heart Disease 7 years

DUE TO

(B) 9 and Diabetes Mellitus 1 year

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/22 1944 to Dec 4, 1951 that I last saw the deceased alive on Dec 4, 1951 and that death occurred at 8:50 Am., from the causes and on the date stated above.

23. SIGNATURE

Leonard Wallenstein, D.O.

23B. ADDRESS

848 W 36th St

23C. DATE SIGNED

12/4/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Dec, 5, 1951

24C. NAME OF CEMETERY OR CREMATORY

Bnai Israel Cong Cemetery

24D. LOCATION (City, town, or county)

Baltimore

Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

L. Wallenstein

25. FUNERAL DIRECTOR

ADDRESS

S. L. Davidson & Bros. 1124 W. North Avenue

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51 10503

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

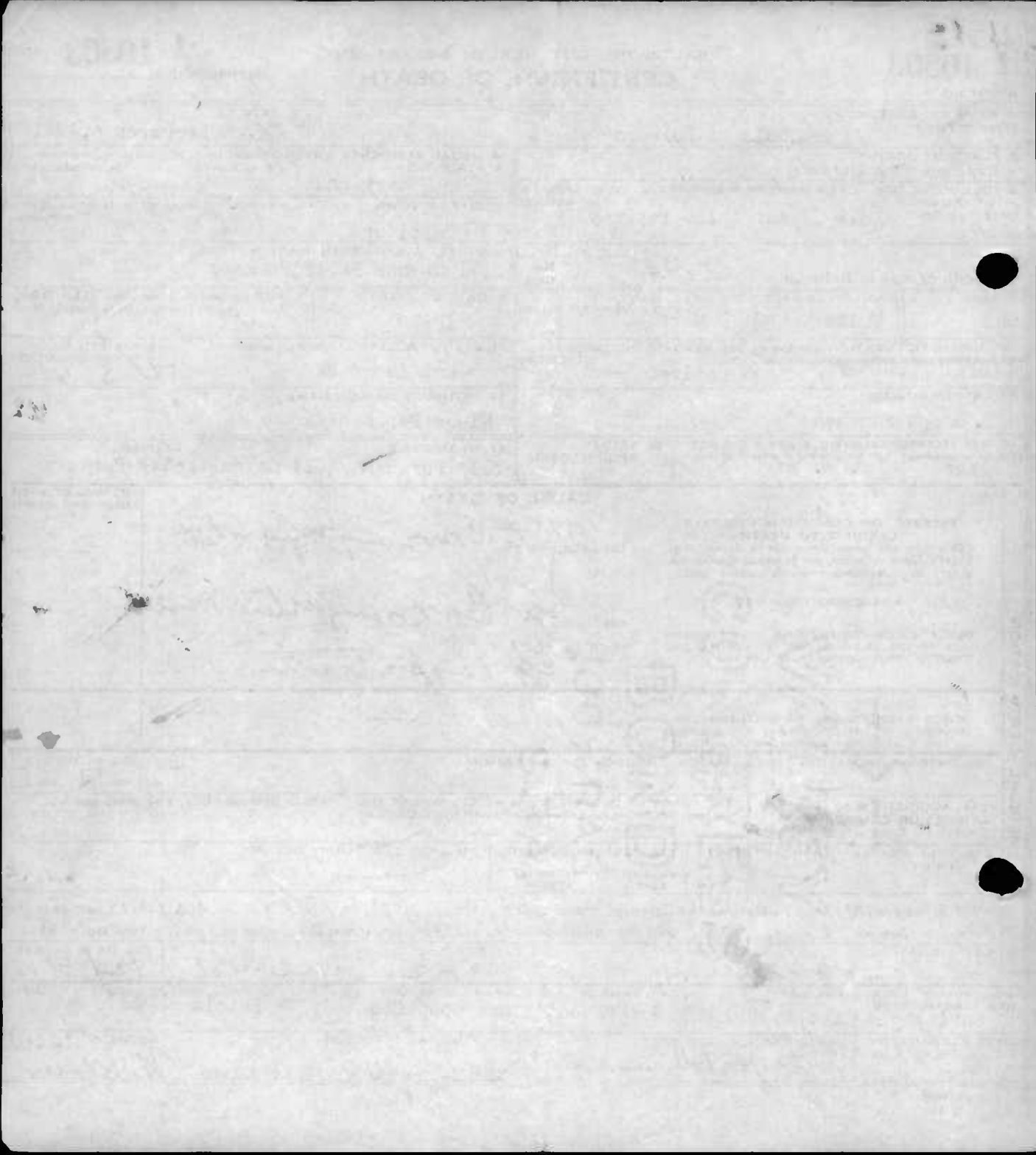
51 10503
Registered No.

1. NAME OF DECEASED (Type or Print) Louis A Foreman			2. DATE OF DEATH December 4, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 15-47		
B. FULL NAME OF HOSPITAL OR INSTITUTION 2811 Gwynns Falls Parkway			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
Length of stay in Baltimore LIFE			D. STREET ADDRESS (If rural, give location) 2811 Gwynns Falls Parkway		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1887	9. AGE (in years last birthday) 64	H Under 1 Year Months: Days: H Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clothing Cutter			11. BIRTHPLACE (State or foreign country) Baltimore Md		
10B. KIND OF BUSINESS OR INDUSTRY Retired			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Joseph Foreman			14. MOTHER'S MAIDEN NAME Hinda Pershansky		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes W. W. I		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Ella Foreman 2811 Gwynns Falls Parkway		

18. 4201 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Coronary infarction DUE TO Ch Coronary artery disease DUE TO Ch Hypertension	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 5/10 , 19 48 , to 12/1 , 19 51 , that I last saw the deceased alive on 12/1 , 19 51 , and that death occurred at 730 m., from the causes and on the date stated above.					
23A. SIGNATURE A. J. Hornstein M. D.		23B. ADDRESS 204 E. Biddle St		23C. DATE SIGNED 12/4/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Dec 5, 1951	24C. NAME OF CEMETERY OR CREMATORY Moses Montifiore Cong Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore Md	
DATE RECEIVED BY LOCAL REGISTRAR DEC 5 - 1951		REGISTRAR'S SIGNATURE William H. Williams		25. FUNERAL DIRECTOR ADDRESS 1126W North ave	

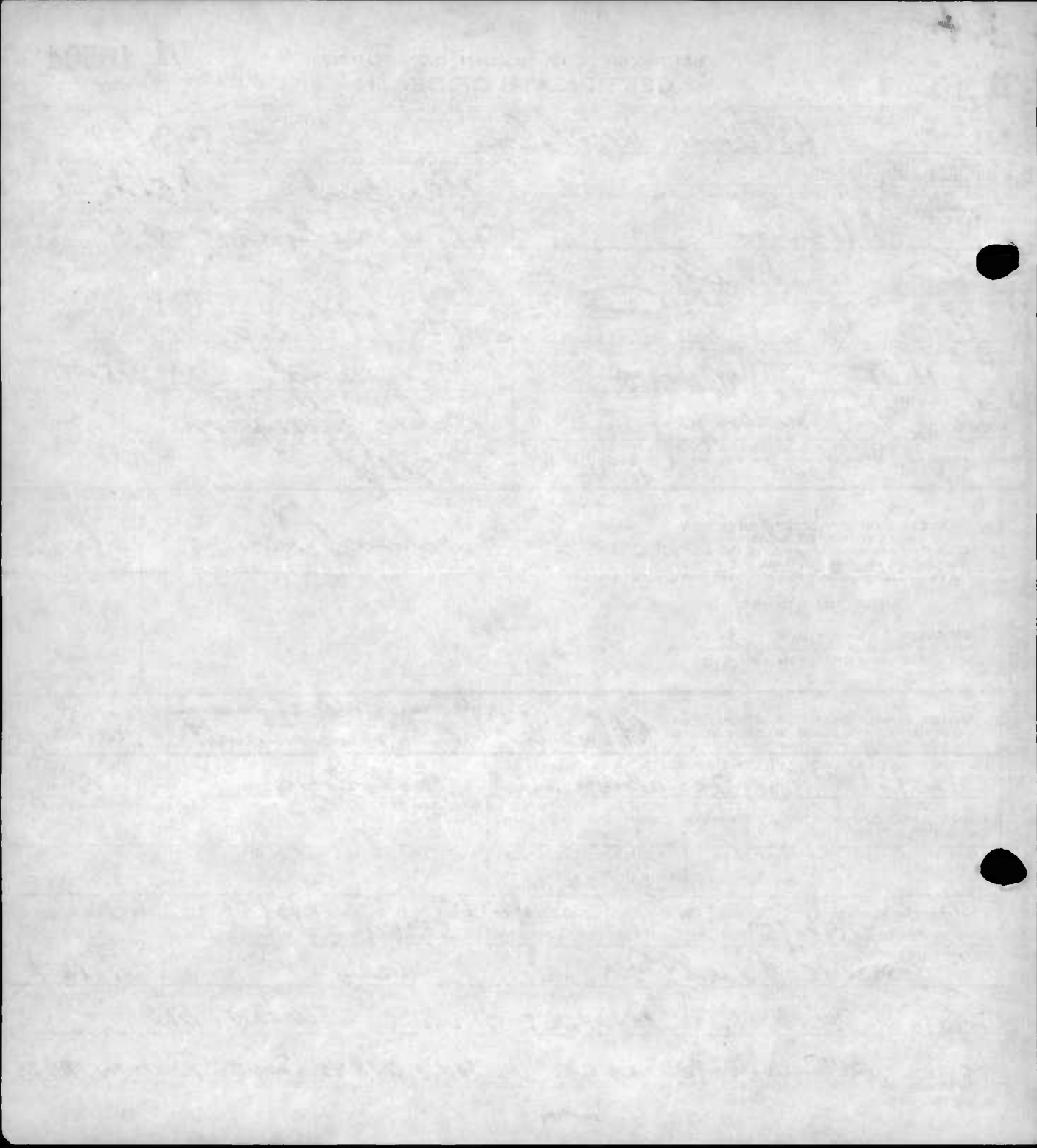
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445
51 10504BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10504
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Hillian Wilhelm</i>		2. DATE OF DEATH <i>12/3/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Balt.</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mercy</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>219 Basely Ave #4 Rand</i>	
C. Length of stay in Baltimore <i>life</i>		D. STREET ADDRESS (If rural, give location) <i>Baltimore 5300</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE <input checked="" type="checkbox"/> MARRIED WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>Sept 18, 1898</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>HWF</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>AT HOME</i>	
13. FATHER'S NAME <i>Edgar T. Jennings</i>		14. MOTHER'S MAIDEN NAME <i>Annie Thompson</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>NONE</i>	
17. INFORMANT <i>Self</i>		ADDRESS	
18. <i>330X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Subarachnoid Hemor.</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 hr.</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) (B) (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Rt. lower lobe bronchopneumonia with pleurisy and effusion</i>		<i>10 day.</i>	
19A. DATE OF OPERATION <i>11/27/51</i>		19B. MAJOR FINDINGS OF OPERATION <i>no abdominal pathology</i>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>11/22/51</i> , 19__, to <i>12/3/51</i> , 19__, that I last saw the deceased alive on <i>12/3/51</i> , 19__, and that death occurred at <i>5:30 PM</i> from the causes and on the date stated above.			
23A. SIGNATURE <i>John R. Buell Jr.</i>		23B. ADDRESS <i>Mercy</i>	
23C. DATE SIGNED <i>12/3/51</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>DEC. 6, 1951</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>PROSPECT HILL CEM.</i>		24D. LOCATION (City, town, or county) (State) <i>TOWSON, MD.</i>	
25. FUNERAL DIRECTOR <i>JOHN BURNS' SONS, TOWSON, MD.</i>		ADDRESS	

MEDICAL CERTIFICATION



340
51 10505BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10505

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

PAULO VITALE

2. DATE
OF
DEATH

12-3-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

702 E. Preston St.

C. Length of stay in Baltimore

?

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Brooklyn business

10B. KIND OF BUSINESS OR
INDUSTRY

PROD. (12)

13. FATHER'S NAME

Gaspardo Vitale

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

9. AGE (in years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

72

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MARDEN NAME

Christina Vitale

17. INFORMANT

ADDRESS

Anthony Vecchione 3021 E. Federal St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, assthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Congestive heart failure

?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

Arteriosclerotic C.V. disease

?

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 12-3-1951, to 12-3-1951, that I last saw the
deceased alive on _____, 19____, and that death occurred at 9:50 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Wm. H. H. Shea M. D.

Mary

12-3-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 5 - 1951

T. J. Williams, M.D.

Joseph S. Inc. 2013 Greenmount Ave

1-10302

RECORDS OF THE
DEPARTMENT OF DEATH

101

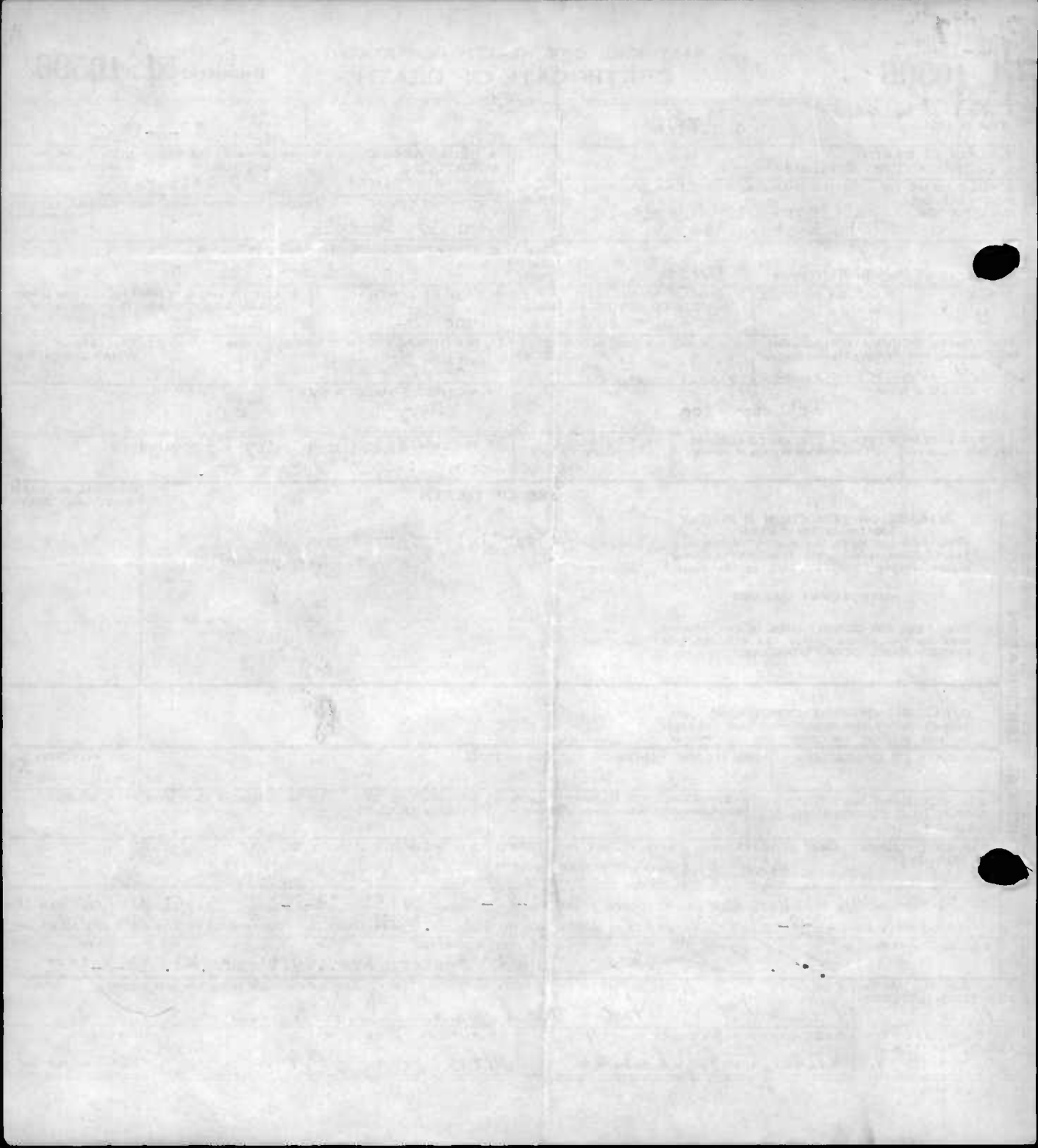
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51 10506
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10506

1. NAME OF DECEASED (Type or Print) John Vice		2. DATE OF DEATH 12-2-1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
5. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural) Dundalk	
6. Length of stay in Baltimore 50yrs		D. STREET ADDRESS (If rural, give location) 12 Woodland Ave. zone 19 5300	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 26- ?
9. AGE (In years last birthday) 72?		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Suction Foreman	11. BIRTHPLACE (State or foreign country) Italy
10B. KIND OF BUSINESS OR INDUSTRY Penn R.R.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Anthony Vice		14. MOTHER'S MAIDEN NAME Mary	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Ave.			
18. 470.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Myocardial Infarction DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH 5 days
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-26-1951 to 12-2-1951, that I last saw the deceased alive on 12-2-1951 and that death occurred at 6:45 PM, from the causes and on the date stated above.			
23A. SIGNATURE J. S. Boyer M.D.		23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.	
23C. DATE SIGNED 12-2-1951			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec 6/51	
24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer		24D. LOCATION (City, town, or county) (State) Balto	
DATE RECEIVED BY LOCAL REGISTRAR DEC 5 - 1951		REGISTRAR'S SIGNATURE Lester J. Williams, M.D.	
25. FUNERAL DIRECTOR William J. ...		ADDRESS 2112 Dundalk	

MEDICAL CERTIFICATION



152
51 10507
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10507

1. NAME OF DECEASED (Type or Print) SARAH RUBINSKY		2. DATE OF DEATH 12-4-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 2510 Elsinor Ave		C. CITY OR TOWN (If outside corporate limits, write R.R. 1 and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 2909 Norfolk Ave		E. LENGTH OF STAY IN BALTIMORE 64 Yrs. 64 Mos. 64 Days	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Russia		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Joseph		14. MOTHER'S MAIDEN NAME Goldie	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT M. Simerman		ADDRESS 600 Whitebox St	
18. 760X CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Coronary Thrombosis DUE TO ANTECEDENT CAUSES (B) Diabetes Mellitus DUE TO (C) unknown INTERVAL BETWEEN ONSET AND DEATH 1 hr			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Dec 4, 1951 , to Dec 4, 1951 (that I last saw the deceased alive on Dec 4, 1951 , and that death occurred at 2 m., from the causes and on the date stated above.			
23A. SIGNATURE Alvin S. Hart		23B. ADDRESS 5443 Park Heights	
23C. DATE SIGNED 12-5-51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12-5-51	
24C. NAME OF CEMETERY OR CREMATORY Hebrew Friendship		24D. LOCATION (City, town, or county) (State) Balto Md	
25. FUNERAL DIRECTOR Jack Lewis		ADDRESS 2100 Eastern Pl	

Hartz
5443 Park Hgts
Mo 6033

4017 Elderson Ave
St. Louis 3746

Granada

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10508

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Viola Harris (Jenkins)			2. DATE OF DEATH 12/2/51 1:10 P.M.		
3. PLACE OF DEATH: A. Baltimore City, Maryland 1014 Sterling			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE MD B. COUNTY St. Louis		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 1014 Sterling St			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
c. Length of stay in Baltimore 37 yrs			D. STREET ADDRESS (If rural, give location) 10-01		
5. SEX F	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 2/3/1893		9. AGE (In years last birthday) 58
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife			10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME Charles Caldwell			14. MOTHER'S MAIDEN NAME Carrie Woodruff		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO. NO		17. INFORMANT James Baker 1321 E Eager St

CAUSE OF DEATH

18. 443x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) hypertensive cardio-vascular disease	INTERVAL BETWEEN ONSET AND DEATH 3 yrs plus
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ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **7/17/48**, 19**51**, to **12/2/51**, that I last saw the deceased alive on **11/30**, 19**51**, and that death occurred at **1:10 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE [Signature]	23B. ADDRESS 1500 EAST MADISON ST. BALTIMORE, MD.	23C. DATE SIGNED 12-3-51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12/4/51	24C. NAME OF CEMETERY OR CREMATORY St. Calvary Cemetery
24D. LOCATION (City, town, or county) (State) A.A.B. Md.	24E. FUNERAL DIRECTOR W. Williams 1575 McElroy St	

James Booker (son)
1321 Eagan St

552
51 10509

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10509
Registered No.

1. NAME OF DECEASED (Type or Print) ADOLF KAMINSKI			2. DATE OF DEATH Dec 3 1951		
3. PLACE OF DEATH: a. Baltimore City, Maryland Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY		
b. FULL NAME OF (If not in hospital or institution, give street address or location) 2322 Boston Street			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 10 years			d. STREET ADDRESS (If rural, give location) 2322 Boston Street		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec 15 1892	9. AGE (In years last birthday) 59	If Under 1 Year Months: Days If Under 24 Hours Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) night SALOON KEEPER			11. BIRTHPLACE (State or foreign country) Poland		12. CITIZEN OF WHAT COUNTRY? Poland
13. FATHER'S NAME Peter Kaminski			14. MOTHER'S MAIDEN NAME Josephine Ostaszewski		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Bro Eleanor Kaminski ADDRESS 2322 Boston St.		

18. 142.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Salvage Carcinoma		CAUSE OF DEATH (A) Salvage Carcinoma DUE TO (B) DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH 8 mos.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION Oct 57		19b. MAJOR FINDINGS OF OPERATION - Biopsy - Specimen as Ad Salvage Carcinoma		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Oct 10, 1957**, to **Dec 3, 1957**, that I last saw the deceased alive on **Dec 7, 1957**, and that death occurred at **330 A.m.**, from the causes and on the date stated above.

23a. SIGNATURE Geo. D. Lipsey		23b. ADDRESS 422 S. Patterson St. Baltimore		23c. DATE SIGNED 12/4/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 6 1951		24c. NAME OF CEMETERY OR CREMATORY Holy Rosary Cem	
24d. LOCATION (City, town, or county) (State) Balto County		25. FUNERAL DIRECTOR John W. Weber		ADDRESS 401 S. Chester St.	

DATE RECEIVED BY LOCAL REGISTRAR
DEC 5 - 1957

REGISTRAR'S SIGNATURE
William H. Williams

00301 70

UNITED STATES DEPARTMENT OF THE ARMY
OFFICE OF THE ADJUTANT GENERAL
WASHINGTON, D. C. 20315

23



250
51 10510
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10510

1. NAME OF DECEASED (Type or Print) ARNOLD T. JACKSON		2. DATE OF DEATH December 4, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
5. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
6. LENGTH OF STAY IN BALTIMORE 5300		D. STREET ADDRESS (If rural, give location) 7900 Liberty Road	
7. SEX Male	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	10. DATE OF BIRTH Sept. 24, 1917
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		12. AGE (In years last birthday) 34 If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.	
13. FATHER'S NAME Wade H. Jackson		14. BIRTHPLACE (State or foreign country) South Carolina	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) yes 16. SOCIAL SECURITY NO. W. W. II		17. CITIZEN OF WHAT COUNTRY South Carolina	
18. MOTHER'S MAIDEN NAME Gertrude Rainwaters		19. INFORMANT ADDRESS Mrs. L. E. Benedict, 7900 Liberty Road	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Skull fracture Skull fracture INTERVAL BETWEEN ONSET AND DEATH (B) Bilateral subdural hematoma DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION Dec. 3, 1951		19B. MAJOR FINDINGS OF OPERATION Autopsy	
20A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. <input checked="" type="checkbox"/> UNDERLYING <input type="checkbox"/> CONTRIBUTING		20B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Street	
21A. WHERE DID INJURY OCCUR? Mt. Royal Avenue & St. Paul Street		21B. TIME (Month) (Day) (Year) (Hour) OF INJURY Dec. 3, 1951 3:30 A. m.	
22A. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		22B. HOW DID INJURY OCCUR? Pedestrian struck by auto	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE <i>William H. Lord</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	
24A. DATE RECEIVED BY LOCAL REGISTRAR DEC 5 - 1951		24B. DATE 12/5/51	
24C. NAME OF CEMETERY OR CREMATORY Spartansburg Cemetery		24D. LOCATION (City, town, or county) (State) Spartansburg, South Carolina	
25. FUNERAL DIRECTOR Wm. Cook, Inc.		26. ADDRESS 1217 St. Paul Street	

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01201 12



262
51 10511BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10511

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Harry Akers

2. DATE
OF
DEATH

12-4-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

md

Howard

C. CITY OR TOWN

Sykesville

If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

6300

C. Length of stay in Baltimore

14

Yes.
No.
Days

5. SEX

M

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

1900

9. AGE (In years
last birthday)

51

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

farmer

10B. KIND OF BUSINESS OR
INDUSTRY

farming

11. BIRTHPLACE (State or foreign country)

unknown

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Harry akers

14. MOTHER'S MAIDEN NAME

melissa Hipsley

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

unknown

16. SOCIAL
SECURITY NO.

17. INFORMANT

alice akers (wife) Sykesville, md.

ADDRESS

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

shock

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

uremia
carcinoma of splenic flexure
of colon with spread to small bowel

(C)

INTERVAL BETWEEN
ONSET AND DEATH

2 days

5 days

at least

4 mos

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

shock

19A. DATE OF OPERATION

11-29-51

19B. MAJOR FINDINGS OF OPERATION

ca splenic flexure of colon with spread to small bowel

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-1, 1951, to 12-4, 1951, that I last saw the
deceased alive on 12-4, 1951, and that death occurred at 12:10 Pm., from the causes and on the date stated above.

23A. SIGNATURE

Dr. Hankins

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

12-4-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

12-7-51

24C. NAME OF CEMETERY OR CREMATORY

Mt. View

24D. LOCATION (City, town, or county)

Howard Co., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William H. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Arthur H. Knight - Sykesville, Md.

DEC 5 1951

VS 150

10010

46E

MEDICAL CERTIFICATION

625

51 10512
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10512

1. NAME OF DECEASED (Type or Print) Worley Morgan		2. DATE OF DEATH Nov 30, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE and B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 1217 N. Gilmore St		C. CITY OR TOWN (If outside corporate limits, write FULLAL and give township) Balto	
D. STREET ADDRESS (If rural, give location) 1217 N. Gilmore St		E. AGE (In years; last birthday) 47	
F. LENGTH OF STAY IN BALTIMORE 20 years.		G. DATE OF BIRTH Feb. 1904	
5. SEX m	6. COLOR OR RACE c	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH Feb. 1904
9. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labour		10. KIND OF BUSINESS OR INDUSTRY yes	
11. BIRTHPLACE (State or foreign country) n.e.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Lulis Morgan		14. MOTHER'S MARRIEN NAME Lula Price	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT John Morgan		ADDRESS 1217 N. Gilmore St	

18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CARDIO VASCULAR DISEASE		UNKNOWN
DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST PULMONARY OEDEMA		5 DAYS
DUE TO		
(C)		

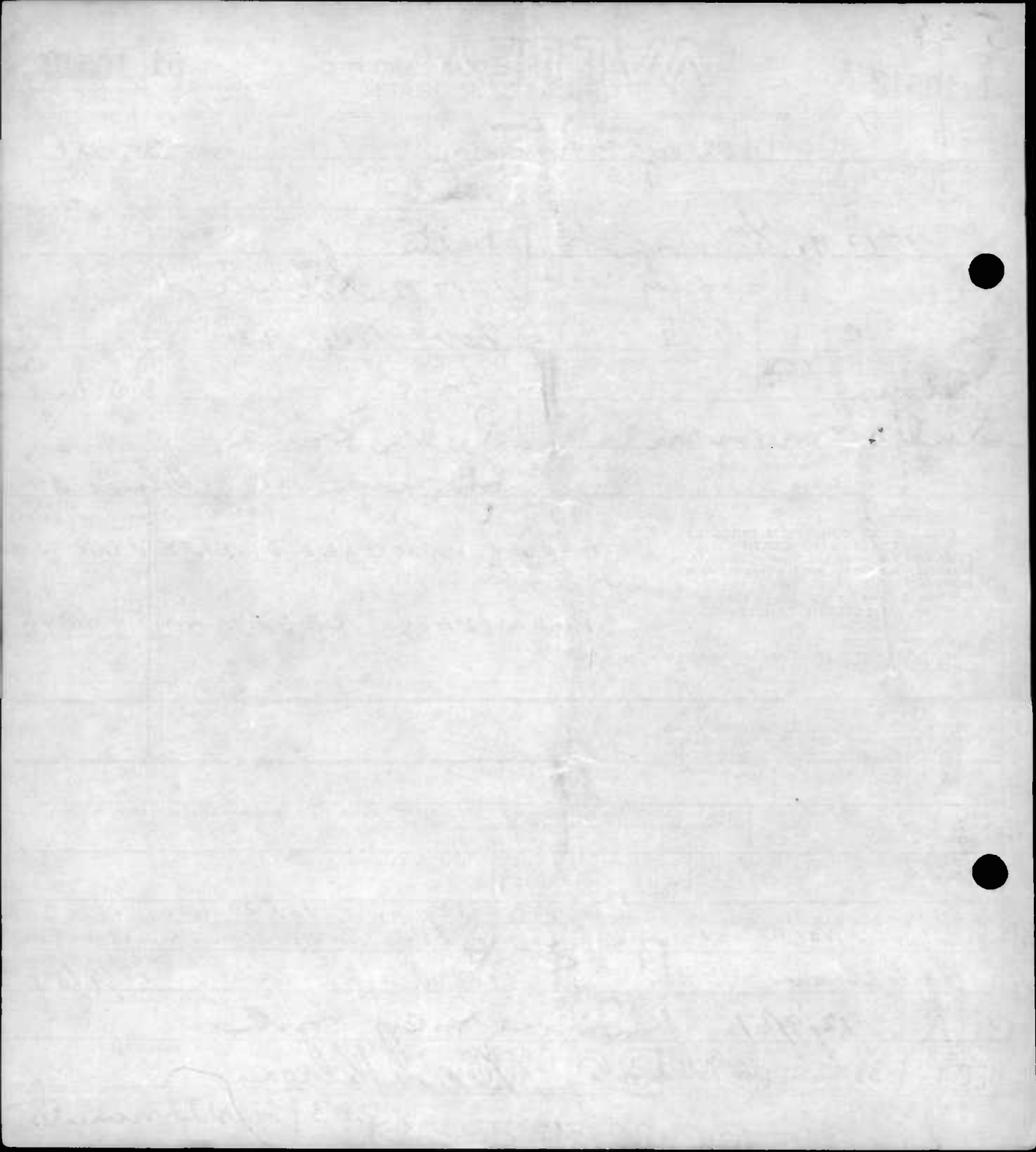
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **Nov 26, 1951**, to **Nov 30, 1951**, that I last saw the deceased alive on **Nov 30, 1951**, and that death occurred at **3 P. m.**, from the causes and on the date stated above.

23A. SIGNATURE William Frey	23B. ADDRESS 1928 Penna Ave	23C. DATE SIGNED 12/3/51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12/9/51	24C. NAME OF CEMETERY OR CREMATORY Monroe N.C. N.E.
24D. LOCATION (City, town, or county) (State) Baltimore, Md.	25. FUNERAL DIRECTOR Geo. S. Kelson	
DATE RECEIVED BY LOCAL REGISTRAR DEC 5 - 1951		ADDRESS 937

VS 150
97099 1303 Preston St

MEDICAL CERTIFICATION



564
51 10513BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10513
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Katherine M. (Katie) Simmerl		2. DATE OF DEATH Dec. 3rd., 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY City	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 2662 Kennedy Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
5. Length of stay in Baltimore 55 Yrs.		D. STREET ADDRESS (If rural, give location) 2662 Kennedy Avenue	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 2-9-1872
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 79
11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Shrodt		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Miss. Marie C. Simmerl		ADDRESS 2662 Kennedy Ave.	
18. 47001 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis DUE TO		INTERVAL BETWEEN ONSET AND DEATH 6 wk.	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Coronary arteriosclerosis DUE TO		years	
Arteriosclerotic heart disease DUE TO		years	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Oct 25, 1951 , to Dec 3, 1951 , that I last saw the deceased alive on Dec 3, 1951 , and that death occurred at 12:45 p.m. , from the causes and on the date stated above.			
23A. SIGNATURE Thomas R. Freeman		23B. ADDRESS 11 W. 29th St.	
23C. DATE SIGNED Dec 4, 1951			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12-7-51	
24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery		24D. LOCATION (City, town, or county) (State) Belair Rd. Balto: Md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 5 - 1951		REGISTRAR'S SIGNATURE Timothy J. Williams	
25. FUNERAL DIRECTOR George J. Ruth, Inc.		ADDRESS -1735 Harford Avenue	

12-9-81

152

1 10514

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10514

Registered No.

BIRTH NO. 6-60770

1. NAME OF DECEASED (Type or Print) <i>Warren Randolph Spencer</i>		2. DATE OF DEATH <i>Dec 3, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>919 Washington St.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
C. Length of stay in Baltimore <i>Life</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>919 N. Washington St.</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Nov 1, 1946</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>5</i> If Under 1 Year Months Days If Under 24 Hours Hours Min.
13. FATHER'S NAME <i>William</i>		11. BIRTHPLACE (State or foreign country) <i>Indo MD</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? <i>Indo MD</i>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>Lennie Hicks</i>	
17. INFORMANT <i>Lennie Spencer</i>		ADDRESS <i>919 Washington St</i>	

18. <i>491X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Branchio Pneumonia</i> DUE TO		CAUSE OF DEATH <i>Branchio Pneumonia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 wk.</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>11/20</i> , 19 <i>51</i> to <i>12-3</i> , 19 <i>51</i> that I last saw the deceased alive on <i>12-3</i> , 19 <i>51</i> , and that death occurred at <i>11:30 PM</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Jas P. Blake</i>		23B. ADDRESS <i>1603 N. Caroline St</i>		23C. DATE SIGNED <i>12-5-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Dec 6/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Calvary Cem.</i>	
24D. LOCATION (City, town, or county) (State) <i>A. A. County MD</i>		24E. DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 5 - 1951</i>		24F. REGISTRAR'S SIGNATURE <i>Wm. J. Williams, MD</i>	
24G. FUNERAL DIRECTOR <i>Mrs. Robt. A. Elliott & Daughters</i>		24H. ADDRESS <i>1129 N. Caroline St. 107</i>		24I. VS 150	

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VALLEY
CONGRESS
END
CONGRAC
U.S.A.

250

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10515

MD-153744
51 10515

1. NAME OF DECEASED (Type or Print) Mary V. Mollie Dugan			2. DATE OF DEATH Dec. 3, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 1 S. Linwood Ave.			E. LENGTH OF STAY IN BALTIMORE Life		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Feb. 21, 1866		9. AGE (in years last birthday) 85
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME ?			14. MOTHER'S MAIDEN NAME ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT Baltimore City Hospitals Records 4940 Eastern Avenue		

18. 420.0 and E-903.0 CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Left ventricular Failure		4 Wks.
DUE TO Arteriosclerotic Heart Disease Arteriosclerosis		?
DUE TO CERTIFICATION APPROVED BY William H. [Signature] M.D.		?
DUE TO Fracture rt. Hip		4 Wks.
DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 11-9-51		19B. MAJOR FINDINGS OF OPERATION Interochanteric Fracture, rt. Hip		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1 S. Linwood Avenue	
21D. TIME (Month) (Day) (Year) (Hour) Nov. 6, 1951		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Slipped and fell to floor	
22. I hereby certify that I attended the deceased from 11-7 , 1951, to 12-3 , 1951, that I last saw the deceased alive on 12-3 , 1951, and that death occurred at 3:10pm. , from the causes and on the date stated above.					
23A. SIGNATURE C. S. Crogen		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 12-4-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12-6-1951		24C. NAME OF CEMETERY OR CREMATORY New Cathedral	
24D. LOCATION (City, town, or county) Baltimore		24E. STATE Md.		24F. ADDRESS 3000 E. Baltimore St.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 5 1951		REGISTRAR'S SIGNATURE John P. Moran		25. FUNERAL DIRECTOR 3000 E. Baltimore St.	

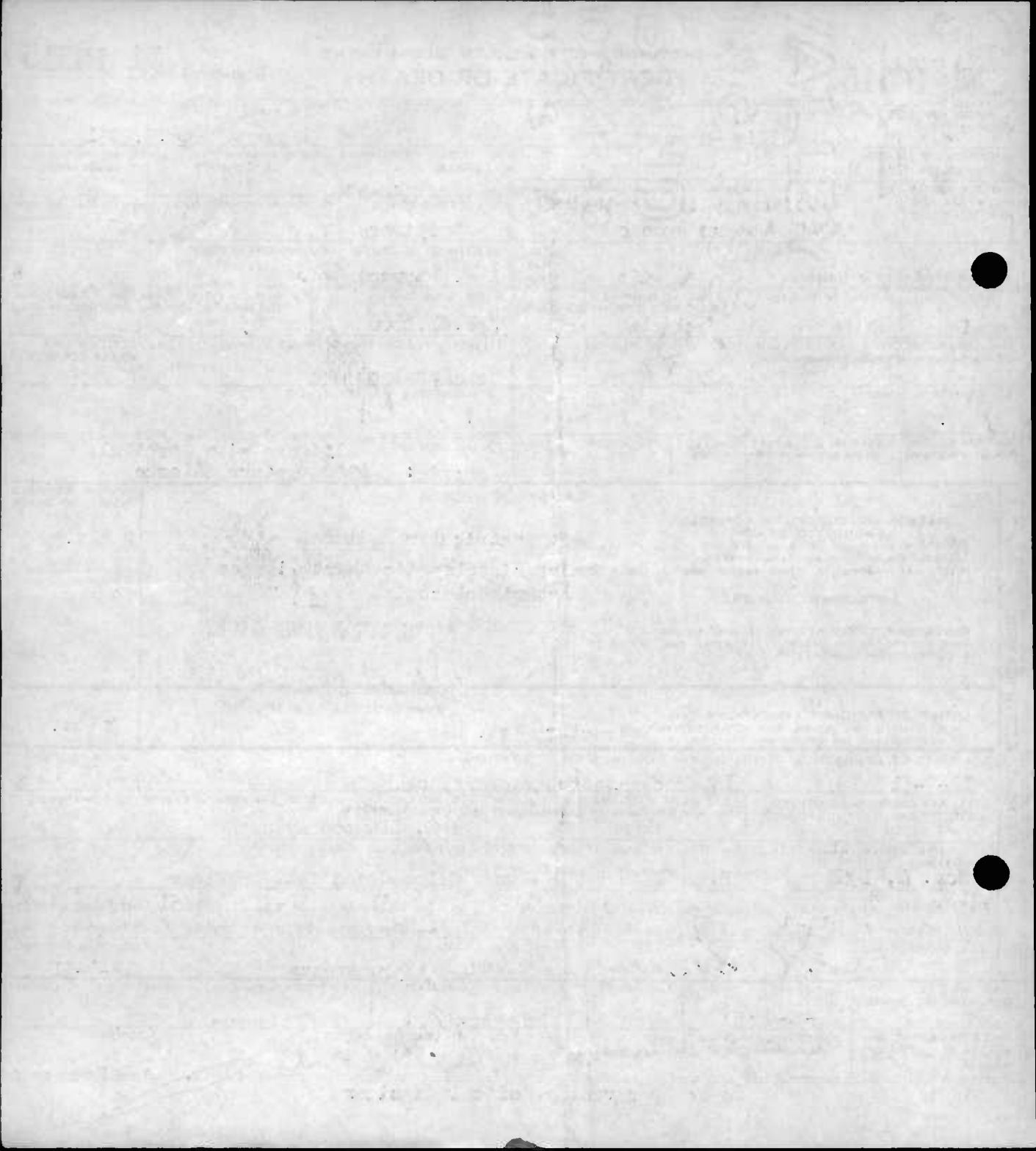
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To Be Approved By Medical Examiner

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937

MEDICAL CERTIFICATION



650
51 10516

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10516
Registered No.

1. NAME OF DECEASED (Type or Print) Charles Kern		2. DATE OF DEATH 12-3-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
5. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes' Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
6. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days 5300		D. STREET ADDRESS (If rural, give location) 7311 Rockridge R. (7)	
7. SEX Male	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	10. DATE OF BIRTH 11-25-1900
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor.		12. AGE (in years last birthday) 51	
13. KIND OF BUSINESS OR INDUSTRY Paving Work		14. Under 1 Year Months: Days Hours: Min.	
15. BIRTHPLACE (State or foreign country) Maryland		16. CITIZEN OF WHAT COUNTRY?	
17. FATHER'S NAME Andrew Kern		18. MOTHER'S MAIDEN NAME Ellen Bowman	
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		20. SOCIAL SECURITY NO.	
21. INFORMANT Margaret E. Kern		22. ADDRESS 7311 Rockridge Rd	
23. CAUSE OF DEATH 18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebrovascular accident DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. After seizure DUE TO Hypertension DUE TO Demerol INTERVAL BETWEEN ONSET AND DEATH 10 days			
24. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
25. DATE OF OPERATION 0		26. MAJOR FINDINGS OF OPERATION	
27. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
28. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		29. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
30. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
31. TIME (Month) (Day) (Year) (Hour) OF INJURY		32. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
33. HOW DID INJURY OCCUR?			
34. I hereby certify that I attended the deceased from 11/24, 1951 to 12/3, 1951 , that I last saw the deceased alive on 12/3, 1951 , and that death occurred at 5:00 p.m. , from the causes and on the date stated above.			
35. SIGNATURE Victor J. B...		36. ADDRESS St. Agnes Hosp	
37. DATE SIGNED 12/3/51			
38. M. D.			
39. BURIAL, CREMATION, REMOVAL (Specify) Burial		40. DATE Dec 6/51	
41. NAME OF CEMETERY OR CREMATORY Louisa Park		42. LOCATION (City, town, or county) (State) Frederick Rd. Md	
43. DATE RECEIVED BY LOCAL REGISTRAR DEC 5 - 1951		44. REGISTRAR'S SIGNATURE Frederick B. Bowman	
45. FUNERAL DIRECTOR Frederick B. Bowman		46. ADDRESS 3818 Roland Ave	

MEDICAL CERTIFICATION

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420
10517BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10517

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>William Wesley Clash</i>		2. DATE OF DEATH <i>Dec. 3, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Good Samaritan Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write "CITY" and give township) <i>Baltimore</i>			
C. Length of stay in Baltimore <i>40 yrs.</i>		D. STREET ADDRESS (If rural, give location) <i>1428 Park Ave.</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>May 2, 1885</i>	9. AGE (In years, last birthday) <i>66</i>	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Butler-handyman</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Cambridge, Maryland</i>	
13. FATHER'S NAME <i>William H. Clash</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA.</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Edmond Wilson 1817 Wheeler Ave.</i>	
18. <i>154X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>(A) Carcinoma of the rectum</i> DUE TO		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <i>8 months</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>(B)</i> DUE TO <i>(C)</i>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Arteriosclerotic heart disease</i>				<i>2 years</i>	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>21 January, 1950</i> , to <i>3 December, 1951</i> , that I last saw the deceased alive on <i>30 Nov.</i> , 1951, and that death occurred at <i>4:45 a.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>J. Douglas Lockard</i>		23B. ADDRESS <i>802 Cathedral St.</i>		23C. DATE SIGNED <i>5 Dec, 1951</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Dec. 5, 1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Auburn Cemetery Westport</i>	
24D. LOCATION (City, town, or county) (State) <i>MD.</i>		24E. REGISTRAR'S SIGNATURE <i>Wm. J. Williams</i>		24F. FUNERAL DIRECTOR ADDRESS <i>Joseph L. Kuep, 1200 McCulloch St.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 5 - 1951</i>					

1914

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462
10518

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10518

Registered No.

1. NAME OF DECEASED (Type or Print) J. CARROLL CLARK			2. DATE OF DEATH Dec 3, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY 12-02		
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION The Union Memorial Hospital Baltimore 18, Md.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 18		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) Apt 7 The Marylander St Paul St and University Parkway		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH March 19, 1882	9. AGE (in years last birthday) 69	10. Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) salesman		10B. KIND OF BUSINESS OR INDUSTRY Directory Advertising		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME albert D. Clark			12. CITIZEN OF WHAT COUNTRY? U S A.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) unknown			16. SOCIAL SECURITY NO.		
17. INFORMANT Hospital record Union Memorial Hosp, Balt, Md.			ADDRESS		

18. 59 x 1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Chronic glomerulonephritis DUE TO CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH	(A) Chronic glomerulonephritis
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DUE TO (C)	

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Nov 14**, 19**51**, to **Dec 3**, 19**51**, that I last saw the deceased alive on **Dec 3**, 19**51**, and that death occurred at **10:53 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE Jesse D. Hubbard M. O.	23B. ADDRESS Union Memorial Hosp. Balt. Md.	23C. DATE SIGNED Dec 3, 1951
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12/6/51	24C. NAME OF CEMETERY OR CREMATORY Druid Ridge Cem.	24D. LOCATION (City, town, or county) (State) Pikesville, Md.
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DATE RECEIVED BY LOCAL REGISTRAR DEC 5 - 1951	REGISTRAR'S SIGNATURE Wm. J. Lickner & Sons	25. FUNERAL DIRECTOR Wm. J. Lickner & Sons	ADDRESS Balto 17, Md.
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51 10519

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10519
Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) MARGARET COOLAHAN			2. DATE OF DEATH 12-4-51			
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore						
B. FULL NAME OF HOSPITAL OR INSTITUTION Mary Hosp.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore						
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 152 Oaklee Village 5200						
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 7-9-09		9. AGE (in years last birthday) 42	10. Under 1 Year Months: Days: Hours: Min.		11. Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ballo. Transit			10B. KIND OF BUSINESS OR INDUSTRY Time Keeper			11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John T. Coolahan			14. MOTHER'S MAIDEN NAME Mary A. Carroll						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. 213-10-3041			17. INFORMANT JOHN COOLAHAN			ADDRESS 4922 WEEDS AVE
18. 170X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Metastatic Carcinoma DUE TO Carcinoma, rt. breast. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ? ?			CAUSE OF DEATH Metastatic Carcinoma Carcinoma, rt. breast.			INTERVAL BETWEEN ONSET AND DEATH ? ?			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.									
19A. DATE OF OPERATION 10-27-51			19B. MAJOR FINDINGS OF OPERATION Left spino-thalamic tractotomy			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK			21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 12-4 , 19 51 , to 12-4 , 19 51 , that I last saw the deceased alive on _____, 19____, and that death occurred at 3:30 p.m. , from the causes and on the date stated above.									
23A. SIGNATURE Wm. H. H. Shea			23B. ADDRESS Mary Hosp.			23C. DATE SIGNED 12-4-51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE Dec. 7, 1951			24C. NAME OF CEMETERY OR CREMATORY New Cathedral			24D. LOCATION (City, town, or county) (State) Baltimore Md.
DATE RECEIVED BY LOCAL REGISTRAR DEC 5 - 1951			REGISTRAR'S SIGNATURE Wm. H. H. Shea			25. FUNERAL DIRECTOR J. J. Ambrose			ADDRESS 1328 Sulphur Spring Rd.

MEDICAL CERTIFICATION

10-10-1919

THE TROOPERS' HALL, 10-10-1919
TEMPERATURE & CLIMATE

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51 10520BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10520

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) ISABELLE DOOLEY		2. DATE OF DEATH 12/2/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE MD. B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION 692 W Mulberry		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore - 17-01	
Length of stay in Baltimore 8 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 692 W Mulberry	
5. SEX Female	6. COLOR OR RACE Col	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec 11 1933
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 17
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Moses Carter		14. MOTHER'S MAIDEN NAME Letha Doughty - ✓	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Letha Gross		ADDRESS 692 W Mulberry	

18. **002X I**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) **Pulmonary Tuberculosis**
DUE TO(B) _____
DUE TO

(C) _____

INTERVAL BETWEEN ONSET AND DEATH
8 mo

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June - 1, 1951 , to 12/2/51 , that I last saw the deceased alive on Nov 1, 1951 , and that death occurred at 4 a. m. , from the causes and on the date stated above.					
23A. SIGNATURE W. J. Brown		23B. ADDRESS 108 W		23C. DATE SIGNED Jan 2 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/5/51		24C. NAME OF CEMETERY OR CREMATORY Mt Auburn Ct	
24D. LOCATION (City, town, or county) (State) Balt City		25. FUNERAL DIRECTOR J. J. Brown		ADDRESS 108 W Montgomery St	
DATE RECEIVED BY LOCAL REGISTRAR DEC 5 - 1951		REGISTRAR'S SIGNATURE Montgomery Williams, M.D.			

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CERTIFICATE OF DEATH

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51 10521BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

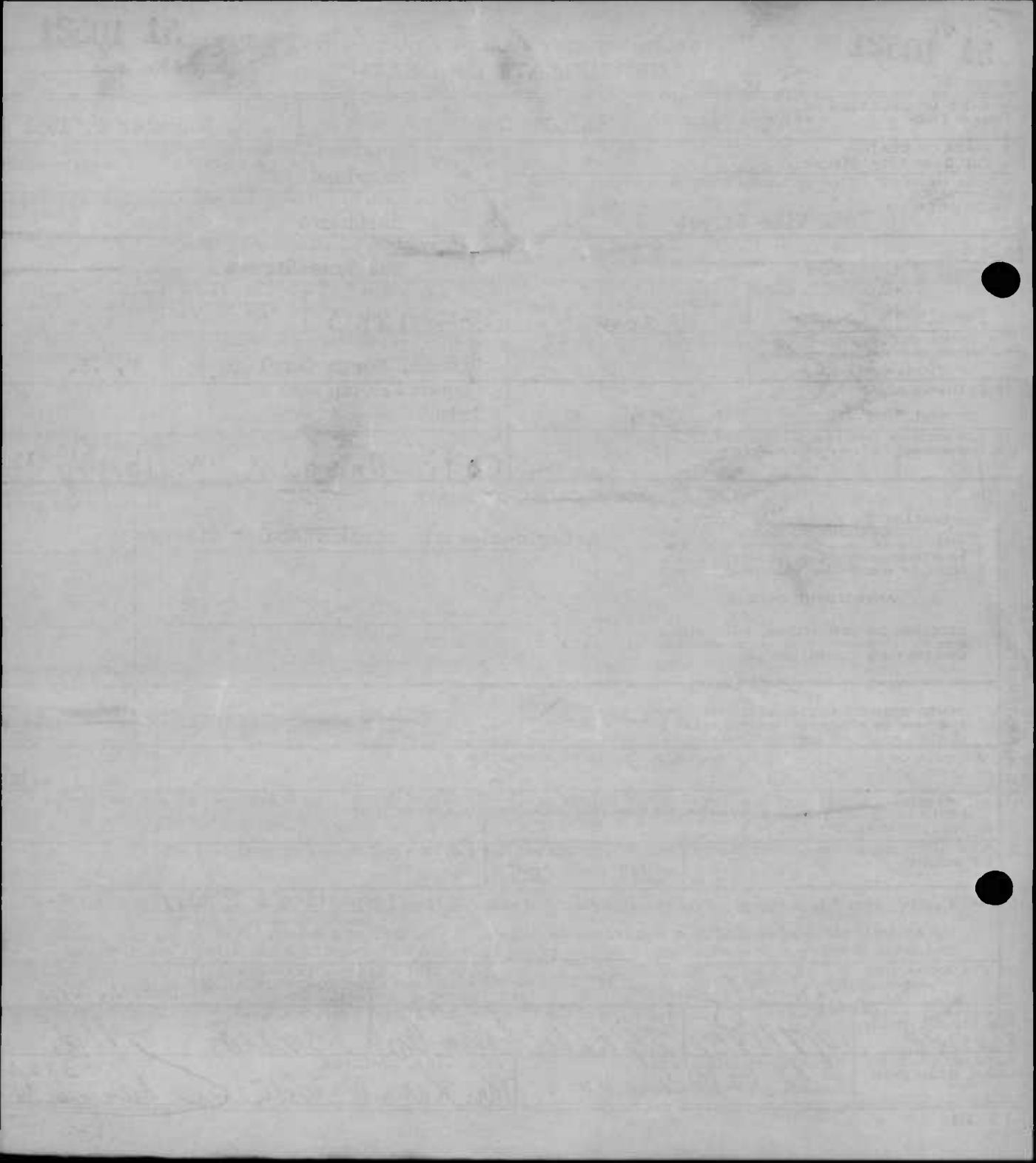
51 10521

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) LILLIE ANN GAYLOR		2. DATE OF DEATH December 4, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 862 Vine Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 862 Vine Street		12-01	
5. Length of stay in Baltimore Yrs. Mos. Days		6. DATE OF BIRTH 12-11-1883	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widow		9. AGE (In years last birthday) 68	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) Vienna, North Carolina	
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Bryant Murphy		14. MOTHER'S MAIDEN NAME Iris	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Calia Graham		ADDRESS 810 W. Mulberry St.	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. INTERVAL BETWEEN ONSET AND DEATH			
19A. DATE OF OPERATION 12/7/1951		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE William V. [Signature]		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....	
23C. DATE SIGNED Dec. 4, 1951			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/7/1951	
24C. NAME OF CEMETERY OR CREMATORY W.H. Ackern Cem		24D. LOCATION (City, town, or county) (State) Balto. Md.	
25. FUNERAL DIRECTOR Mrs. Katie R. Williams		ADDRESS 3224 Schroeder St.	

MEDICAL CERTIFICATION



T-5-20 51 10522		CERTIFICATE COLLECTED 12/13/51 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 51 10522	
BIRTH NO. 49-12684					
1. NAME OF DECEASED (Type or Print) Annette Tinsley			2. DATE OF DEATH 12-3-51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.		
D. STREET ADDRESS (If rural, give location) 403 N. Pearl			17-01		
5. SEX F			6. COLOR OR RACE C		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)			8. DATE OF BIRTH June 19, 1948		
9. AGE (In years last birthday) 3			10. UNDER 1 Year Months: Days		
11. UNDER 24 Hours Hours: Min.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child			10B. KIND OF BUSINESS OR INDUSTRY —		
13. FATHER'S NAME Bailey Tinsley			14. MOTHER'S MAIDEN NAME Josephine Singleton ✓		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 403		
17. INFORMANT Lillie Fennell			ADDRESS N. Pearl St.		
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Miliary Tuberculosis lungs DUE TO (over)			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8-24 , 19 51 , to 12-3 , 19 51 , that I last saw the deceased alive on 12-3 , 19 51 , and that death occurred at 4:15 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE Robert M. Hiden Jr.			23B. ADDRESS University Hospital		23C. DATE SIGNED 12-3-51
24A. BURIAL, CREMATION, REMOVAL (Specify)			24B. DATE 12/8/51		24C. NAME OF CEMETERY OR CREMATORY W.T. Clarks Cemetery
24D. LOCATION (City, town, or county) Balto.			24E. STATE Md.		
DATE RECEIVED BY LOCAL REGISTRAR DEC 5-1951			REGISTRAR'S SIGNATURE Wm. R. Williams, M.D.		25. FUNERAL DIRECTOR Mrs. Kate R. Williams
			ADDRESS 3221 Schenck St.		

See Case # 01349 Bureau of The

Reported by Dr. R. M. Hiley, Jr., University Hospital

Dated 12/6/51

ES

9-300
51 10523

CERTIFICATE CORRECTED 12-18-51
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10523

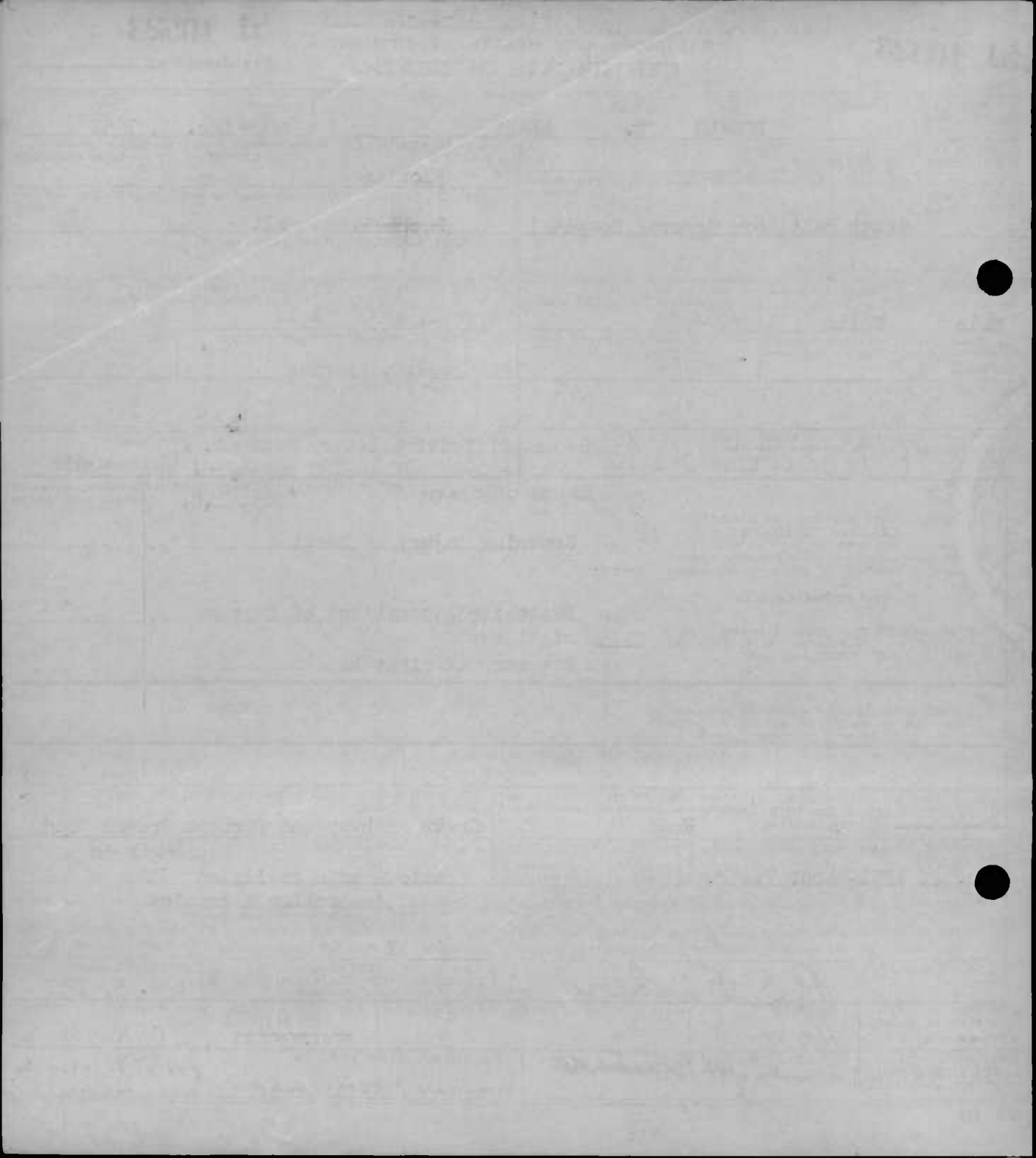
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) DONALD L. READY		2. DATE OF DEATH Dec. 4, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Florida B. COUNTY Y-08			
B. FULL NAME OF HOSPITAL OR INSTITUTION South Baltimore General Hospital Yrs. 1 Mos. 0 Days 0		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Buchnell Bushnell			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) Route 1			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH March 1, 1933	9. AGE (In years last birthday) 18	10. Under 1 Year Months: 0 Days: 0
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Airman USAF		10B. KIND OF BUSINESS OR INDUSTRY Federal		11. BIRTHPLACE (State or foreign country) Auburndale, Florida	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes 3 Aug 50 to time of death		16. SOCIAL SECURITY NO.		17. INFORMANT Official Military Records, Address 1050th Air Police Squadron, Andrews Air Force Base, Washington 25, D.C.	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Crushing injury of chest DUE TO Extensive lacerations of face and right ear Fracture of right hip		INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.) Road		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Crain Highway and Furnace Branch Road	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Dec. 4, 1951-about 7:45P.m.		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input checked="" type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR? Passenger in auto & auto collision	
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. S. Fisher		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Dec. 5, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 11/15/51		24C. NAME OF CEMETERY OR CREMATORY Buchnell	
24D. LOCATION (City, town, or county) (State) FLA.		24E. DATE RECEIVED BY LOCAL REGISTRAR DEC 5 1951		24F. REGISTRAR'S SIGNATURE Washington Williams, M.D.	
25. FUNERAL DIRECTOR HUNTSMAN FUNERAL HOME		ADDRESS 578 1/2 GEORGIA AVE WASHINGTON, DC			

VS 151

N-8622

170C



20 51 10524

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

X 51 10524

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

YATES, SAMUEL J.

2. DATE
OF
DEATH

12-3-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

Howard

before admission)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Ellicott City

D. STREET ADDRESS (If rural, give location)

Route 29

6300

C. Length of stay in Baltimore

1

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

3-13-1872

9. AGE (In years
last birthday)

79

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Merchant

10B. KIND OF BUSINESS OR
INDUSTRY

Retail Grocery

11. BIRTHPLACE (State or foreign country)

Catonsville, Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Robert Yates

14. MOTHER'S MAIDEN NAME

Alice Woodall

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Samuel I. Yates, Ellicott City, Md.

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Acute Myocardial Infarction

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

24hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Arterio Sclerotic HEART
DISEASE

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Myocardial Infarction

2yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-2-51 19, to 12-3-51/19, that I last saw the
deceased alive on 12-3-51, 19, and that death occurred at 8:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Henry D. Perry Jr. M.D.

23B. ADDRESS

Baltimore Md

23C. DATE SIGNED

12-3-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12-6-51

24C. NAME OF CEMETERY OR CREMATORY

St. Johns

24D. LOCATION (City, town, or county)

Ellicott City, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

DEC 5 - 1951

25. FUNERAL DIRECTOR

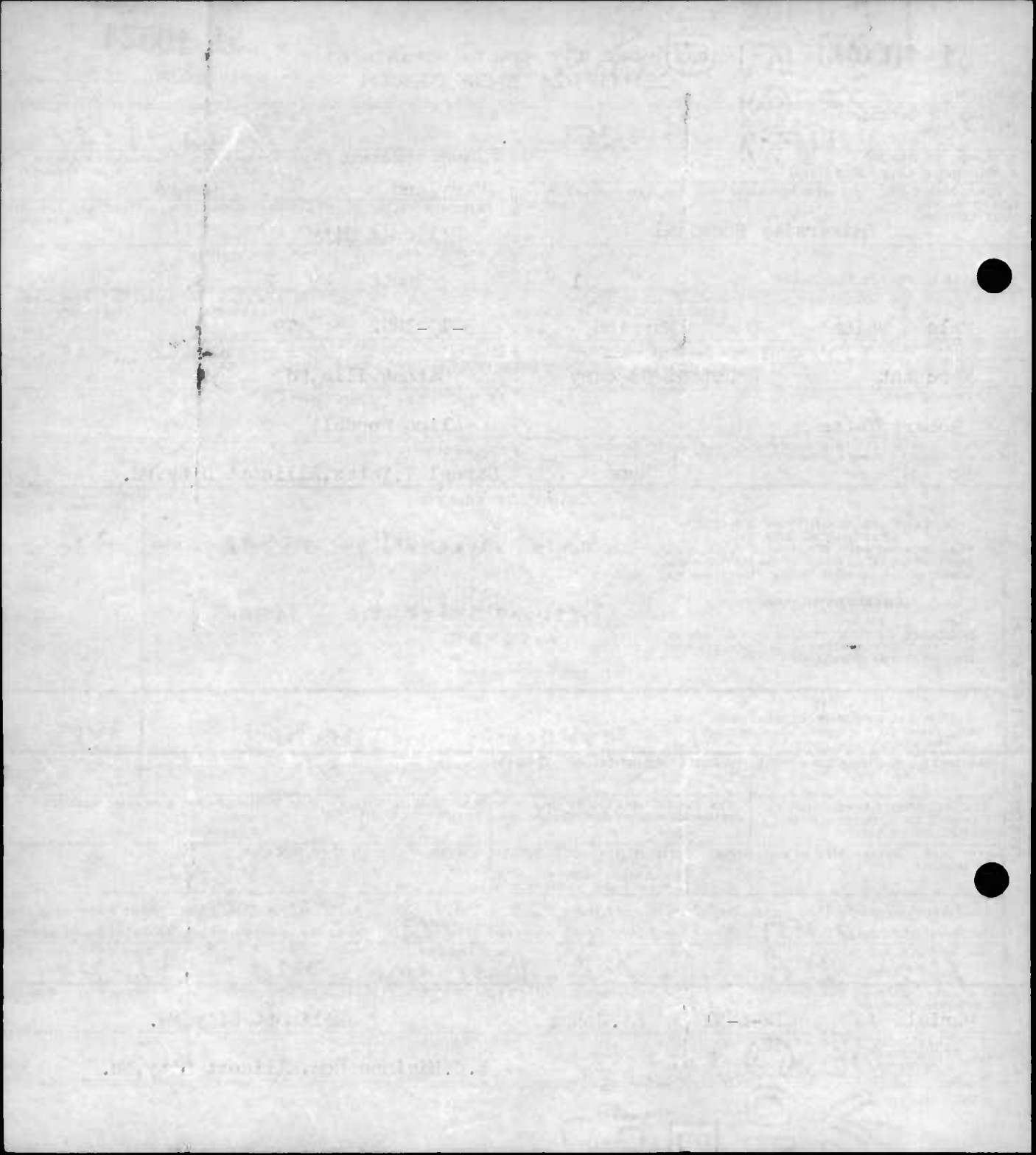
ADDRESS

F.C. Higinbotham, Ellicott City, Md.

VS 150

937

MEDICAL CERTIFICATION



51 10525

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10525

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*George W. Popp*2. DATE
OF
DEATH*12/4/51*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION*Hood Nursing Home*

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

4043 Frederick Ave

C. Length of stay in Baltimore

*Life*Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

*white*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*married*

8. DATE OF BIRTH

*5/16/1881*9. AGE (in years,
last birthday)*70*10. Under 1 Year
Months: Days11. Under 24 hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Police officer*10B. KIND OF BUSINESS OR
INDUSTRY*Police Dept.*

11. BIRTHPLACE (State or foreign country)

*Baltimore Md.*12. CITIZEN OF
WHAT COUNTRY?*USA*

13. FATHER'S NAME

John M. Popp

14. MOTHER'S MAIDEN NAME

*Catherine L. Lambright*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)*-*

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.*-*

17. INFORMANT

Mrs Margaret A. Popp

ADDRESS

*4043 Ave Frederick*18. *422.1*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

arteriosclerotic C. V. D.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.*Diabetes Mellitus*INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *JAN*, 19*51* to *Dec. 4*, 19*51*, that I last saw the
deceased alive on *Dec 4*, 19*51*, and that death occurred at *5 P* m., from the causes and on the date stated above.

23A. SIGNATURE

George W. Popp

23B. ADDRESS

3325 Frederick Ave

23C. DATE SIGNED

*12/5/51*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*Burial*

24B. DATE

12/7/51

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem. 4300 Old Frederick Ave

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

John J. Cowan & Son 20 Hollins St.

51 1025

WASHINGTON, D. C. 20540

51 1025

DEPARTMENT OF THE ARMY

OFFICE OF THE ADJUTANT GENERAL

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623
51 10526BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10526

BIRTH NO.		1. NAME OF DECEASED (Type or Print) HARRY W. HAIRSTON		2. DATE OF DEATH 12-2-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland C. CITY OR TOWN Baltimore D. STREET ADDRESS (If rural, give location) 1351 Carroll Street			
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		5. AGE (In years last birthday) 21 6. COLOR OR RACE Colored 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH 2/11/30 9. AGE (In years last birthday) 21 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steel Worker 11. BIRTHPLACE (State or foreign country) Roanoke Va. 12. CITIZEN OF WHAT COUNTRY? U.S.A. 13. FATHER'S NAME Willie Hairston Jr. 14. MOTHER'S MAIDEN NAME Rosetta Gosebly 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No 16. SOCIAL SECURITY NO. 245-38-0716 17. INFORMANT Rosetta Hairston (W) 1351 Carroll			
C. Length of stay in Baltimore		18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Multiple stab wounds of chest and neck DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Roadhouse		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Bertie's Roadhouse--2432 Annapolis Road	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY c. 2, 1951--about 5:45 P.M.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Sharp instrument	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input checked="" type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Stanley H. Dineen M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Dec. 3, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/7/51		24C. NAME OF CEMETERY OR CREMATORY Withers Chapel Cmn. Pine Hall, N.C.	
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR Chas. H. Cooper 512 Carroll St.			
DATE RECEIVED BY LOCAL REGISTRAR DEC 5 - 1951		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		ADDRESS	

VS 151

N-862.2

6903C

167

8500 12

CONFIDENTIAL

8500 12



650
51 10527CERTIFICATE CORRECTED 12-28-51
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10527

1. NAME OF DECEASED (Type or Print) HARVEY N. WAREHEIM		2. DATE OF DEATH Dec. 4, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 2814 Westfield Avenue	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 18 1898
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watch Maker		10B. KIND OF BUSINESS OR INDUSTRY Watch Repairing	9. AGE (In years last birthday) 53
11. BIRTHPLACE (State or foreign country) Balto.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Oliver D. Wareheim		14. MOTHER'S MAIDEN NAME Mary E. Reitsnyder	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Etta F. Wareheim (Wife)		ADDRESS 2814 Westfield Ave	

18. <u>E8124</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (A) <u>Cranio-cerebral injury</u>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Road		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Harford Road 90 ft. south of Pinewood Ave	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Dec. 3, 1951 6:45 P.m.		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Pedestrian struck by auto	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R S Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Dec. 5, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec 7-51		24C. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cem.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 5-1951		REGISTRAR'S SIGNATURE L. H. Williams		24D. LOCATION (City, town, or county) (State) Fredericks Ave Balto.	
VS 151		N 8550		6903Y	

170C

400
51 10528
CERTIFICATE CORRECTED 1/3/1952 ES

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 10528

1. NAME OF DECEASED (Type or Print) M. ELIZABETH HEIL			2. DATE OF DEATH 12-8-51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 24-02		
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore ? Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1426 Jackson St -30		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6-7-08	9. AGE (In years last birthday) 43	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerical		10B. KIND OF BUSINESS OR INDUSTRY GEN. MDSE.	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Robert Van Horn			14. MOTHER'S MAIDEN NAME Louella Stegner		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		

18. 541.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Generalized peritonitis DUE TO secondary to (B) Finney Pyloroplasty DUE TO Chronic duodenal ulcer (C)	INTERVAL BETWEEN ONSET AND DEATH 1 week several years
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II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Stelektasis of lower lobes of both lungs			4 days
19A. DATE OF OPERATION 11-27-51	19B. MAJOR FINDINGS OF OPERATION Pyloroplasty	20. AUTOPSY? YES <input checked="" type="checkbox"/> ND <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **11-22**, 19**51**, to **12-8**, 19**51**, that I last saw the deceased alive on **12-4**, 19**51**, and that death occurred at **1:25A.**, from the causes and on the date stated above.

23A. SIGNATURE Alfred S. Nelson	23B. ADDRESS Union Memorial Hosp. Baltimore, 18 Maryland	23C. DATE SIGNED Dec 4, 1951
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24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE 12.6.51	24C. NAME OF CEMETERY OR CREMATORY MT. OLIVET	24D. LOCATION (City, town, or county) (State) Baltimore
---	-----------------------------	---	---

DATE RECEIVED BY LOCAL REGISTRAR DEC 5 - 1951	REGISTRAR'S SIGNATURE Wilmington Williams	FUNERAL DIRECTOR Wm. H. De Long	ADDRESS 130 E. Fort Ave.
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See Document File 51-10528
1/3/52 ES

630
1 10529

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10529

1. NAME OF DECEASED (Type or Print) SOLIMINI, CORRADO		2. DATE OF DEATH Dec. 2, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Italy B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION US Public Health Service Hospital Wyman Pk. Drive & 31st St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Molfetta 12-02	
D. STREET ADDRESS (If rural, give location) Via Hessandro Volta 62			
5. SEX M		6. COLOR OR RACE W	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 1/1/99	
9. AGE (In years last birthday) 52		10. If Under 1 Year Months Days If Under 24 Hours Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seaman		10B. KIND OF BUSINESS OR INDUSTRY Seafarer	
11. BIRTHPLACE (State or foreign country) Italy		12. CITIZEN OF WHAT COUNTRY? Italy	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Records- US PHS HOSPITAL, Balto, Md.		ADDRESS	
18. 200.0 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Reticulum cell lymphosarcoma, generalized (A) DUE TO INTERVAL BETWEEN ONSET AND DEATH Unknown ANTECEDENT CAUSES (B) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
22. TIME (Month) (Day) (Year) (Hour) INJURY		23. DATE SIGNED 12/4/51	
24. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 12/6/51	
24C. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR DEC 5 - 1951		REGISTRAR'S SIGNATURE Wm. Cook, Inc.	
25. FUNERAL DIRECTOR Wm. Cook, Inc.		ADDRESS 1217 St. Paul Street	

MEDICAL CERTIFICATION

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10530
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51-10530

1. NAME OF DECEASED (Type or Print) HARRY ELWOOD STEWARD		2. DATE OF DEATH December 3, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) 1415 Hollins Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
6. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1415 Hollins Street	
7. SEX Male	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	10. DATE OF BIRTH Oct. 31, 1900
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Guard		12. KIND OF BUSINESS OR INDUSTRY Edgewood Arsenal Chem. Co.	
13. FATHER'S NAME Edward J. Steward		14. MOTHER'S MAIDEN NAME Pauline C. Norvell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) yes		16. SOCIAL SECURITY NO. W. W. I	
17. INFORMANT Ged Earl Steward		ADDRESS 1305 King Street, Wilmington, Delaware	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Coronary occlusion II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. HOW DID INJURY OCCUR?	
21E. TIME (Month) (Day) (Year) (Hour) OF INJURY		21F. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	
22. I certify that I took charge of the remains described above, held an <u>Partial Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE <i>William D. [Signature]</i>		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....	
23C. DATE SIGNED Dec. 4, 1951			
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 12/6/51	
24C. NAME OF CEMETERY OR CREMATORY U. S. National Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR DEC 5 - 1951		REGISTRAR'S SIGNATURE <i>William D. [Signature]</i>	
25. FUNERAL DIRECTOR Stm. Cook, Inc.		ADDRESS 1217 St. Paul Street	

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51 10531

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10531

1. NAME OF DECEASED (Type or Print) MARGARETE SCHMIDT		2. DATE OF DEATH December 4 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Ventnor Lodge 600 S. Chapel Gate Lane		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 634 East 36th Street	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH August 16, 1855
9. AGE (In years last birthday) 96		10. AGE (In years last birthday) 96	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME ? Brown		14. MOTHER'S MAIDEN NAME ?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Arthur Loth, 341 East 28th Street		ADDRESS	

18. E90v.7 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Broncho pneumonia DUE TO (B) Impacted Fracture Left Hip DUE TO (C) Senility	INTERVAL BETWEEN ONSET AND DEATH 48 hrs 5 days
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) Accident	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) SANATORIUM	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 526 S. Chapel Gate Lane, Ventnor Lodge
21D. TIME (Month) (Day) (Year) (Hour) November 29, 1951 A.M.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Patient slipped while getting from commode back to bed.
22. I hereby certify that I attended the deceased from JANUARY 10, 1951 , to December 4, 1951 , that I last saw the deceased alive on December 3, 1951 , and that death occurred at 1:50 P.M. , from the causes and on the date stated above.		
23A. SIGNATURE Melvin N. Borden M. D.	23B. ADDRESS 5000 Old Frederick Rd	23C. DATE SIGNED 12/5/51
24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 12/6/51	24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery
24D. LOCATION (City, town, or county) Parkville, Maryland		25. FUNERAL DIRECTOR Stm. Cook & Co.
DATE RECEIVED BY LOCAL REGISTRAR DEC 5 - 1951		ADDRESS 1217 St. Paul Street

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N-8200 FOR APPROVAL OF MEDICAL EXAMINER

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 10532**

652
51 10532

1. NAME OF DECEASED (Type or Print) EARL V. GRIMES			2. DATE OF DEATH 12-3-51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Mercy Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore 11 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 137 E. North Avenue		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH Oct 18, 1892	9. AGE (In years last birthday) 59	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ADJUTANT			10B. KIND OF BUSINESS OR INDUSTRY DISABLED U.S. VETERAN		
11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME John W. Grimes			14. MOTHER'S MAIDEN NAME Miner King		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) Yes WWI			16. SOCIAL SECURITY NO. 220-12-9699		
17. INFORMANT FAMILY RECORDS			ADDRESS		

18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Coronary artery sclerosis DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE **Stanley K. Duncanson** M.D. 23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐ 23C. DATE SIGNED **Dec. 4, 1951**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **12/6/51** 24C. NAME OF CEMETERY OR CREMATORY **Baltimore Matrim** 24D. LOCATION (City, town, or county) (State) **Baltimore Maryland**

DATE RECEIVED BY LOCAL REGISTRAR **DEC 5 - 1951** REGISTRAR'S SIGNATURE **Wilmington Williams, M.D.** 25. FUNERAL DIRECTOR **Charles H. Evans & Son** ADDRESS

MEDICAL CERTIFICATION

VG-141500
51 10533

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10533
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Abraham Zimmers		12-3-51	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Baltimore City Hospitals 4940 Eastern Ave., Balto. 24, Md.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, Md.			
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) Baltimore City Hospitals			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH ? ? 1870	9. AGE (In years last birthday) 80 ?	If Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Pennsylvania	
13. FATHER'S NAME Deceased		14. MOTHER'S MAIDEN NAME Deceased			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Records: B.C.H., 4940 Eastern Ave.	
18. 4221 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Acute congestive failure with pulmonary edema DUE TO		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 2 Hrs.	
II ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerotic cardio vascular disease DUE TO				?	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from September 10, 1950 to December 3, 1951, that I last saw the deceased alive on December 3, 1951 and that death occurred at 11:55 A.M., from the causes and on the date stated above.					
23A. SIGNATURE J. B. Hogan		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 12-4-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec 6/1951		24C. NAME OF CEMETERY OR CREMATORY London Park	
24D. LOCATION (City, town, or county) Balto Md.		24E. NAME OF CEMETERY OR CREMATORY London Park		24F. LOCATION (City, town, or county) Balto Md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 5 - 1951		REGISTRAR'S SIGNATURE Wm. H. Williams		25. FUNERAL DIRECTOR Harry H. Umacke	
				ADDRESS 4204 Ridgewood	

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51 10534BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10534
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. Length of stay in Baltimore

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

secretary

10B. KIND OF BUSINESS OR
INDUSTRY

Aluminum

13. FATHER'S NAME

Christian Gunther

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

316-03-3634

2. DATE
OF
DEATH

12.4.51

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Md. Baltimore City

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3907 Carlisle ave #16

8. DATE OF BIRTH

Jan-5-1901

9. AGE (In years
last birthday)

50

If Under 1 Year

Months: Days Hours: Min.

11. BIRTHPLACE (State or foreign country)

Md (Carroll)

12. CITIZEN OF
WHAT COUNTRY?

U.S.

14. MOTHER'S MAIDEN NAME

Anna Mary Siggard

17. INFORMANT

Miss Rose B. Gunther (sister)

ADDRESS

3907 Carlisle Ave

18. 170X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Cerebro-Vascular Accident

Hypertensive C.V. Disease

Co. of Breast and metastasis

INTERVAL BETWEEN
ONSET AND DEATHOTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐NOT WHILE ☐

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11.28. 1951, to 12.4. 1951, that I last saw the
deceased alive on 12.4. 1951, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

W. K. Bruden

23B. ADDRESS

Maryland General Hospital

23C. DATE SIGNED

12.4.51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec-7-51

24C. NAME OF CEMETERY OR CREMATORY

Leister's Churchyard

24D. LOCATION (City, town, or county)

New Westminster Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

DEC 5 - 1951

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Severin Mortuary

ADDRESS

108 W. 1st St

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MEDICAL CERTIFICATION

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OFFICE OF THE SECRETARY

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BIRTH NO.SAVOIA
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10535

1. NAME OF DECEASED (Type or Print) <i>Mary Savoia</i>		2. DATE OF DEATH <i>Dec 5 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1200 Valley St</i>		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Little Sisters of the Poor</i>		C. CITY OR TOWN (If outside corporate limits write RURAL and give township) <i>Baltimore</i> <i>10-01</i>	
c. Length of stay in Baltimore <i>2 yrs</i>		D. STREET ADDRESS (If rural, give location) <i>1200 Valley St</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>James Savoia</i>	8. DATE OF BIRTH <i>Oct 5, 1876</i>
9. AGE (In years last birthday) <i>75</i>		10. CITIZEN OF WHAT COUNTRY? <i>Belto md</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country)	
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Michael Hollan</i>		14. MOTHER'S MAIDEN NAME <i>Mary Jane Mc Donnell</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	

18. <i>4221 I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <i>Chronic Myocarditis</i> DUE TO (B) <i>Arterio-Sclerosis</i> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <i>1 yr</i> <i>5 yrs</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> m. WORK AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Dec 1*, 1951, to *Dec 5*, 1951, that I last saw the deceased alive on *Dec 4*, 1951, and that death occurred at *4:30 A* m., from the causes and on the date stated above.

23A. SIGNATURE <i>E. Lill Hall MD</i>	23B. ADDRESS <i>1631 E. North Ave</i>	23C. DATE SIGNED <i>Dec 5 - 1951</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Dec 6, 1951</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Cathedral</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 5 - 1951</i>	REGISTRAR'S SIGNATURE <i>Wm. J. Williams, MD</i>	25. FUNERAL DIRECTOR <i>Rita Wiedefeld</i>	ADDRESS <i>900 E. Biddle St</i>

VALLEY
CONGRESS
BOND
1002846
U. S. A.

51 10536

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10536

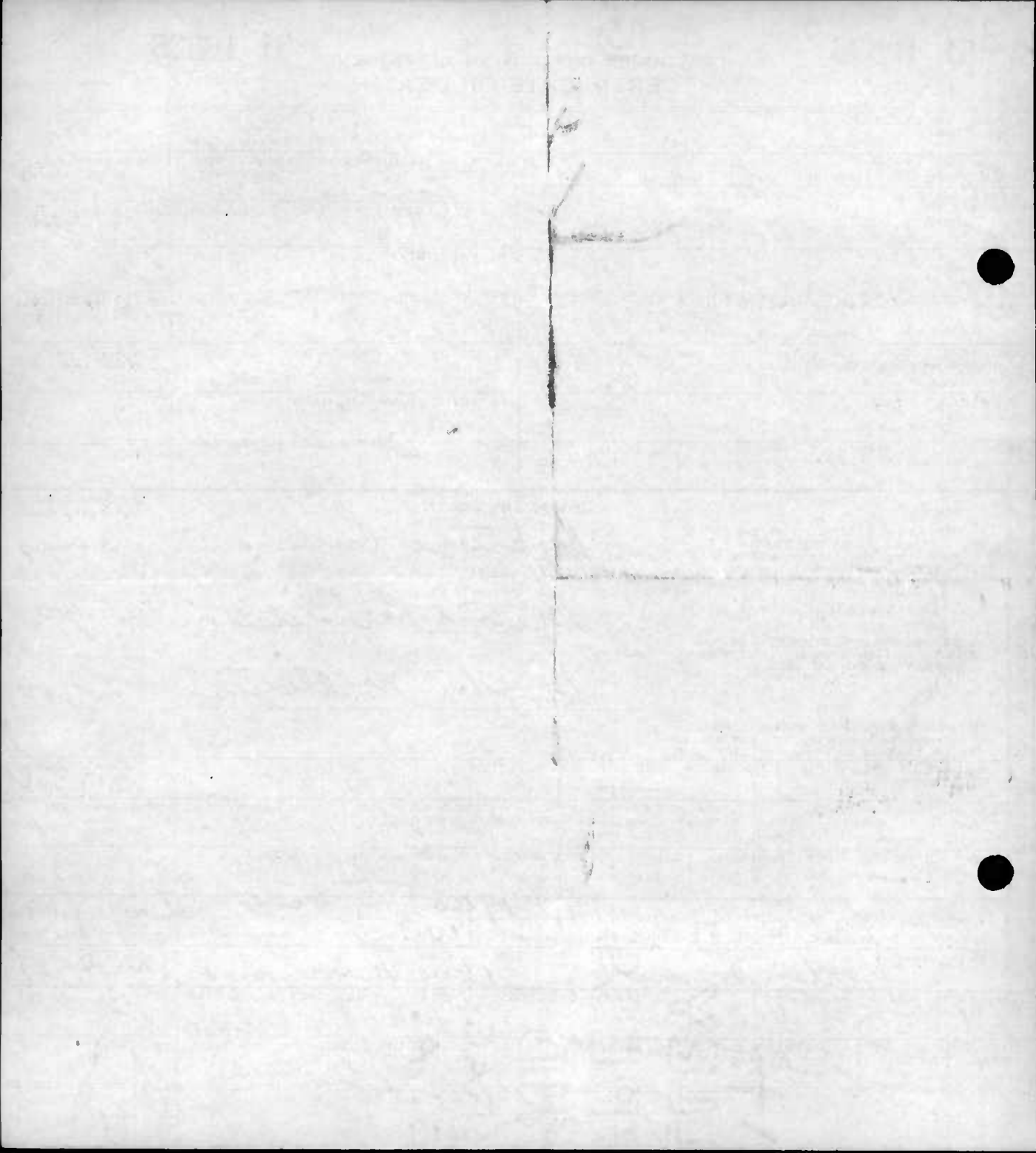
Registered No. _____

BIRTH NO. <u>S-315</u>			1. NAME OF DECEASED (Type or Print) <u>Isabelle Stevenson</u>			2. DATE OF DEATH <u>Dec. 4 1951</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>15 P. Mount St.</u>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>Baltimore</u> B. COUNTY <u>md.</u>					
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION <u>House of the Good Shepherd</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>House of Good Shepherd</u>					
c. Length of stay in Baltimore <u>68</u> Yrs. <u>12</u> Mos. <u>19-04</u> Days			D. STREET ADDRESS (If rural, give location) <u>19-04</u>					
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>8-19-82</u>	9. AGE (In years last birthday) <u>69</u>	If Under 1 Year Months: Days		If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Seamstress</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>clothing (n)</u>		11. BIRTHPLACE (State or foreign country) <u>Baltimore md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>—</u>		
13. FATHER'S NAME <u>Edward</u>			14. MOTHER'S MAIDEN NAME <u>Rose Lewis</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>—</u>			16. SOCIAL SECURITY NO. <u>—</u>			17. INFORMANT ADDRESS		

18. <u>260X</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <u>Hypostatic Pneumonia</u> DUE TO	INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) <u>Mitral Regurgitation</u> DUE TO	<u>5 yrs</u>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C) <u>Diabetes Mellitus</u> DUE TO	<u>2 yrs</u>

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION <u>—</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>—</u>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <u>—</u>	
21D. TIME (Month) (Day) (Year) (Hour) INJURY <u>—</u>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <u>—</u>	
22. I hereby certify that I attended the deceased from <u>1945</u> , to <u>Dec 4</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Dec 3</u> , 19 <u>51</u> , and that death occurred at <u>10 P. m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>God Strauss</u>		23B. ADDRESS <u>1800 N Charles St</u>		23C. DATE SIGNED <u>Dec 4-51</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>12/6/51</u>		24C. NAME OF CEMETERY OR CREMATORY <u>St. Agnes Cem</u>	
				24D. LOCATION (City, town, or county) (State) <u>Laurens St</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>DEC 6-1951</u>		REGISTRAR'S SIGNATURE <u>—</u>		25. FUNERAL DIRECTOR <u>J. J. Jones</u>	
VS 150		69046		61	

MEDICAL CERTIFICATION



300

51 10537

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10537

1. NAME OF DECEASED (Type or Print) John H. Wood Sr.			2. DATE OF DEATH 12-3-1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Balto.		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1022 W Lanvale St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 16-01		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1022 W. Lanvale St.		
5. SEX Male	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 3, 1881	9. AGE (In years, last birthday) 70	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10B. KIND OF BUSINESS OR INDUSTRY B+O.R.P.		
11. BIRTHPLACE (State or foreign country) St. Marys Co. Md.			12. CITIZEN OF WHAT COUNTRY? U.S.A		
13. FATHER'S NAME John Wood			14. MOTHER'S MAIDEN NAME Ellen Stevens		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO. Edna Woods		
17. INFORMANT ADDRESS 1022 W. Lanvale St.			18. CAUSE OF DEATH		
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Generalized Arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH		
DUE TO (A) Generalized Arteriosclerosis					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Uremia, enteritis, toxemia					
DUE TO (C) Uremia, enteritis, toxemia					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			2-3 wks.		
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12-1 , 19 51 , to 12-3 , 19 51 , that I last saw the deceased alive on 12-3 , 19 51 , and that death occurred at 6:05 pm., from the causes and on the date stated above.					
23A. SIGNATURE Robert L. Benjies			23B. ADDRESS 722 N. Fulton Ave		
23C. DATE SIGNED 12-5-51					
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/6/1951		24C. NAME OF CEMETERY OR CREMATORY St. Peters Cem.	
24D. LOCATION (City, town, or county) (State) Balto Md.		25. FUNERAL DIRECTOR Mrs. Kate Williams		ADDRESS 892	
DATE RECEIVED BY LOCAL REGISTRAR DEC 6 - 1951					

VS 150

97050

97

MEDICAL CERTIFICATION

520
51 10538BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10538

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Belva Thomas.

2. DATE
OF
DEATH

12/5/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Franklin Square Hospital.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland.

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore Md 2746

D. STREET ADDRESS (If rural, give location)

3122 Oakford Ave.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married.

8. DATE OF BIRTH

3/6/1885

9. AGE (In years
last birthday)

66

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Albata. Gilbert

14. MOTHER'S MAIDEN NAME

Martha Pudder

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

James Thomas

ADDRESS

3805 Old York Rd

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Pulmonary Edema

24 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Myocardial failure
Rheumatic Heart Disease

(C)

?

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/25, 1951, to 12/5, 1951, that I last saw the
deceased alive on 12/4, 1951, and that death occurred at 3:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

Franklin Square Hosp.

12/5/51.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

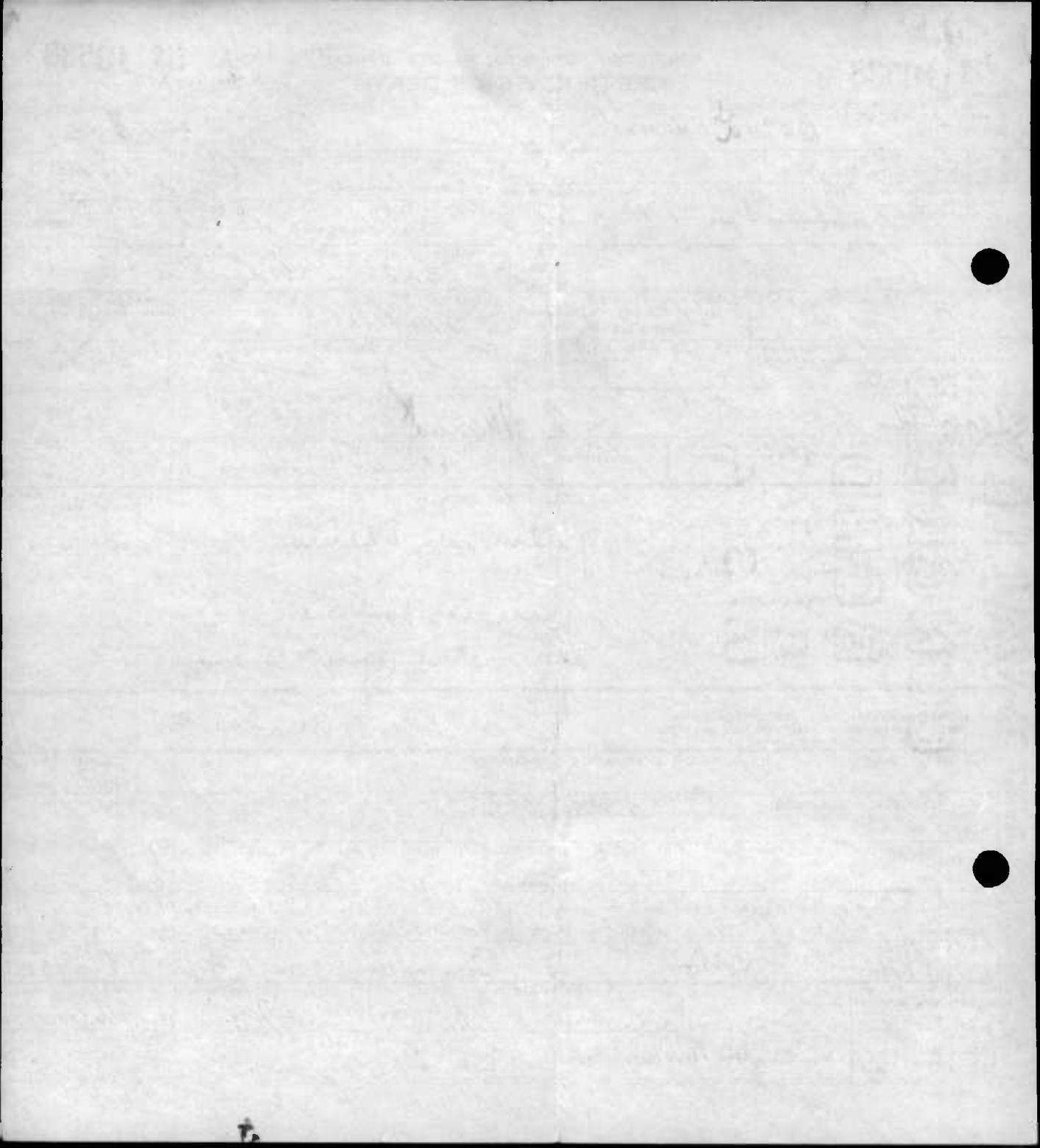
25. FUNERAL DIRECTOR

ADDRESS

DEC 6 - 1951

Walter J. Williams, M.D.

Loring Byers 5005 Ph. 4415



410
51 10539
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10539

1. NAME OF DECEASED (Type or Print) <i>John W. Wolf</i>		2. DATE OF DEATH <i>Dec. 3, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>3500 W. Harrison Ave</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>3500 W. Harrison Ave</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
6. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>3500 W. Harrison Ave</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Feb. 15, 1892</i>
9. AGE (In years last birthday) <i>59</i>		10. Under 1 Year Months: Days	
11. Under 24 Hours Hours: Min.		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Engineer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Ice Business</i>	
13. FATHER'S NAME <i>Thomas Wolf</i>		14. MOTHER'S MAIDEN NAME <i>Lenna Carroll</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>212-10-2390</i>	
17. INFORMANT <i>J. Richard Wolf</i>		ADDRESS <i>4111 Watkinson Ave</i>	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronary Heart failure</i> (A) DUE TO ANTECEDENT CAUSES (B) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Cerebral hemorrhage</i>			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>8/6</i> , 19 <i>50</i> , to <i>11/30</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>11/30</i> , 19 <i>51</i> , and that death occurred at <i>8:00</i> p.m., from the causes and on the date stated above.			
23A. SIGNATURE <i>Maurice Carroll</i>		23B. ADDRESS <i>2225 Linden W</i>	
23C. DATE SIGNED			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Dec. 6, 1951</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Woodlawn Cemetery</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore, Maryland</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 6 - 1951</i>		REGISTRAR'S SIGNATURE <i>Winton Williams, Jr.</i>	
25. FUNERAL DIRECTOR <i>Loring Byers</i>		ADDRESS <i>5005 N. T. Rd</i>	

583 47

8301 Ave

Father of
Mrs. D. H. V.

Leiche

Seiche

W. Albert Byers
for

200
51 10540

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10540

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Pegg, Charles</i>		2. DATE OF DEATH <i>12/4/51</i>	
3. PLACE OF DEATH A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD.</i> B. COUNTY <i>BALTO</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Church Home & Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Essex 21</i>			
D. STREET ADDRESS (If rural, give location) <i>311 Riverside Rd</i>		5. SEX <i>M</i> 6. COLOR OR RACE <i>W</i> 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Separated</i>			
8. DATE OF BIRTH <i>June 28, 1900</i>		9. AGE (In years last birthday) <i>51</i>			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Insurance Salesman</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Canada.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>Charles H Pegg</i>		14. MOTHER'S MAIDEN NAME <i>Florence Pointer</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>132-12-0405</i>		17. INFORMANT <i>Mr. Geo. Tyrrell</i> ADDRESS <i>3611 E. 11th St. Balt. Md.</i>	
18. <i>331X</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Intercranial Hemorrhage &</i> DUE TO <i>Intercranial aneurysm?</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO		(B) DUE TO	
(C) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>12/1/51</i> , 19, to <i>12/4/51</i> , 19, that I last saw the deceased alive on <i>12/4/51</i> 19 and that death occurred at <i>12:30</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Ed. J. Antone</i>		23B. ADDRESS <i>Church Home & Hosp.</i>		23C. DATE SIGNED <i>12/4/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24B. DATE <i>12/8/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Evergreen Cemetery</i>	
24D. LOCATION (City, town, or county) <i>Brooklyn, N. Y.</i>		24E. DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 6 - 1951</i>		24F. REGISTRAR'S SIGNATURE <i>Wm. Cook, Inc., 1217 H. Paul St</i>	
24G. FUNERAL DIRECTOR <i>Wm. Cook, Inc., 1217 H. Paul St</i>		24H. ADDRESS		24I. VS 150	

MEDICAL CERTIFICATION

45073

96

01-10-14

RECEIVED

10



152
1 10541

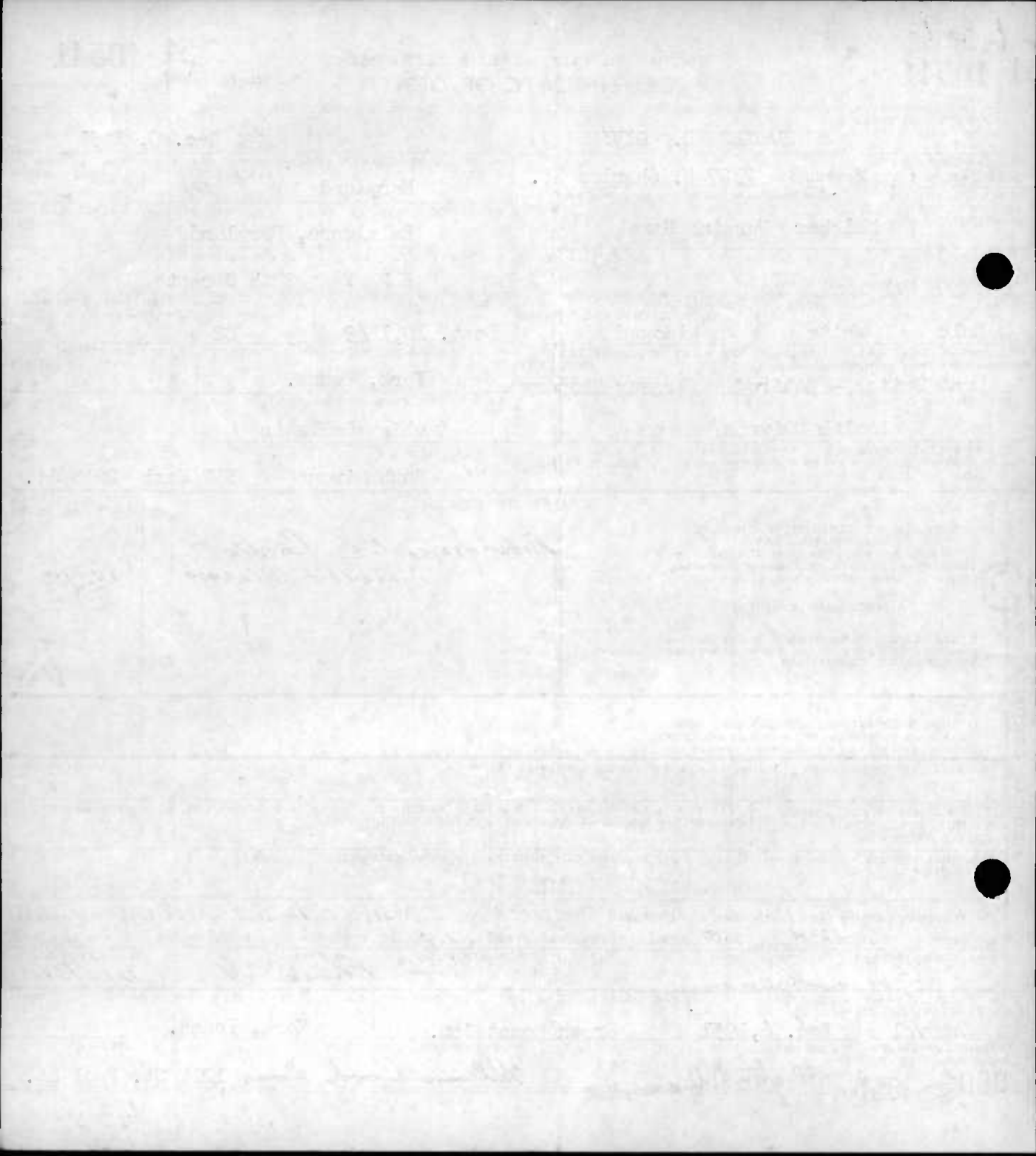
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10541
Registered No.

1. NAME OF DECEASED (Type or Print)		CHARLES E. GIVENS		2. DATE OF DEATH Dec. 5, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland 2327 N. Charles St.				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 9-08	
B. FULL NAME OF HOSPITAL OR INSTITUTION Melcher Nursing Home				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, Maryland	
C. Length of stay in Baltimore 30 Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 512 East 20th Street	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Sept. 10, 1869	9. AGE (in years last birthday) 82 If Under 1 Year Months: Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Meat Cutter - Retired		10B. KIND OF BUSINESS OR INDUSTRY Kramer Grocery		11. BIRTHPLACE (State or foreign country) York, Penna.	
13. FATHER'S NAME Isaiah Givens				12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Amelia Gallatin	
17. INFORMANT Miss Ruth Givens				ADDRESS 512 East 20th St.	

18. 422-1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Cardiovascular Disease		INTERVAL BETWEEN ONSET AND DEATH 10 yrs	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO	
(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION 6		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-1, 1951, to 12-5, 1951, that I last saw the deceased alive on 12-4, 1951, and that death occurred at 7 p.m., from the causes and on the date stated above.					
23A. SIGNATURE P.D. Lyons		23B. ADDRESS 11 E. Chase St.		23C. DATE SIGNED 12/5/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE Dec. 6, 1951		24C. NAME OF CEMETERY OR CREMATORY Green Mount Cem.	
24D. LOCATION (City, town, or county) (State) York, Penna.		25. FUNERAL DIRECTOR Williams Cook & Sons, 1217 St. Paul St.			
DATE RECEIVED BY LOCAL REGISTRAR DEC 6 - 1951		REGISTRAR'S SIGNATURE Wilmington Williams, Jr.		ADDRESS	



640
51 10542

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10542

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Geneva L. Worley		December 4, 1951	
3. PLACE OF DEATH:					
A. Baltimore City, Maryland					
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Union Memorial Hospital					
C. Length of stay in Baltimore					
Yrs. Mos. Days					
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	
female		white		widowed	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY			
housewife					
13. FATHER'S NAME					
Samuel J. Greene					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
				Mrs. Geneva E. Mathison, 1511 Argonne Drive	
8. DATE OF BIRTH		9. AGE (in years last birthday)		11. BIRTHPLACE (State or foreign country)	
April 11, 1880		71		Baltimore, Maryland	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?			
Baltimore, Maryland					
14. MOTHER'S MAIDEN NAME					
Elizabeth Rapp					

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) DUE TO		Coronary Thrombosis			
ANTECEDENT CAUSES		(B) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		Arteriosclerotic Cardiovascular Disease			
(C) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
				YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED		21F. HOW DID INJURY OCCUR?	
		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from Sept. 10, 1949 to Dec. 4, 1951, that I last saw the deceased alive on Dec. 1, 1951, and that death occurred at 4:30 p.m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
[Signature]		1331 E North Ave		12-5-51	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
burial		12/8/51		Moreland Park Cemetery	
				Parkville, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
DEC 6 - 1951		[Signature]		Wm. Cook, Inc., 1217 St. Paul Street	

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250

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10543

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Baby Mild Jackson (c)

2. DATE
OF
DEATH

December 5, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

95 N. Main St.

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

10-24-51

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

1 12

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Arthur Jackson

14. MOTHER'S MAIDEN NAME

Reba Randow

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. 774X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Prematurity

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

? Aspiration

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-24, 1951, to 12-5, 1951, that I last saw the
deceased alive on 12-5, 1951, and that death occurred at 10:40 p.m., from the causes and on the date stated above.

23A. SIGNATURE

J. H. Karsner

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

12/6/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

12-7-1951

24C. NAME OF CEMETERY OR CREMATORY

Greenwood

24D. LOCATION (City, town, or county)

Port Deposit, Md. Rural

(State)

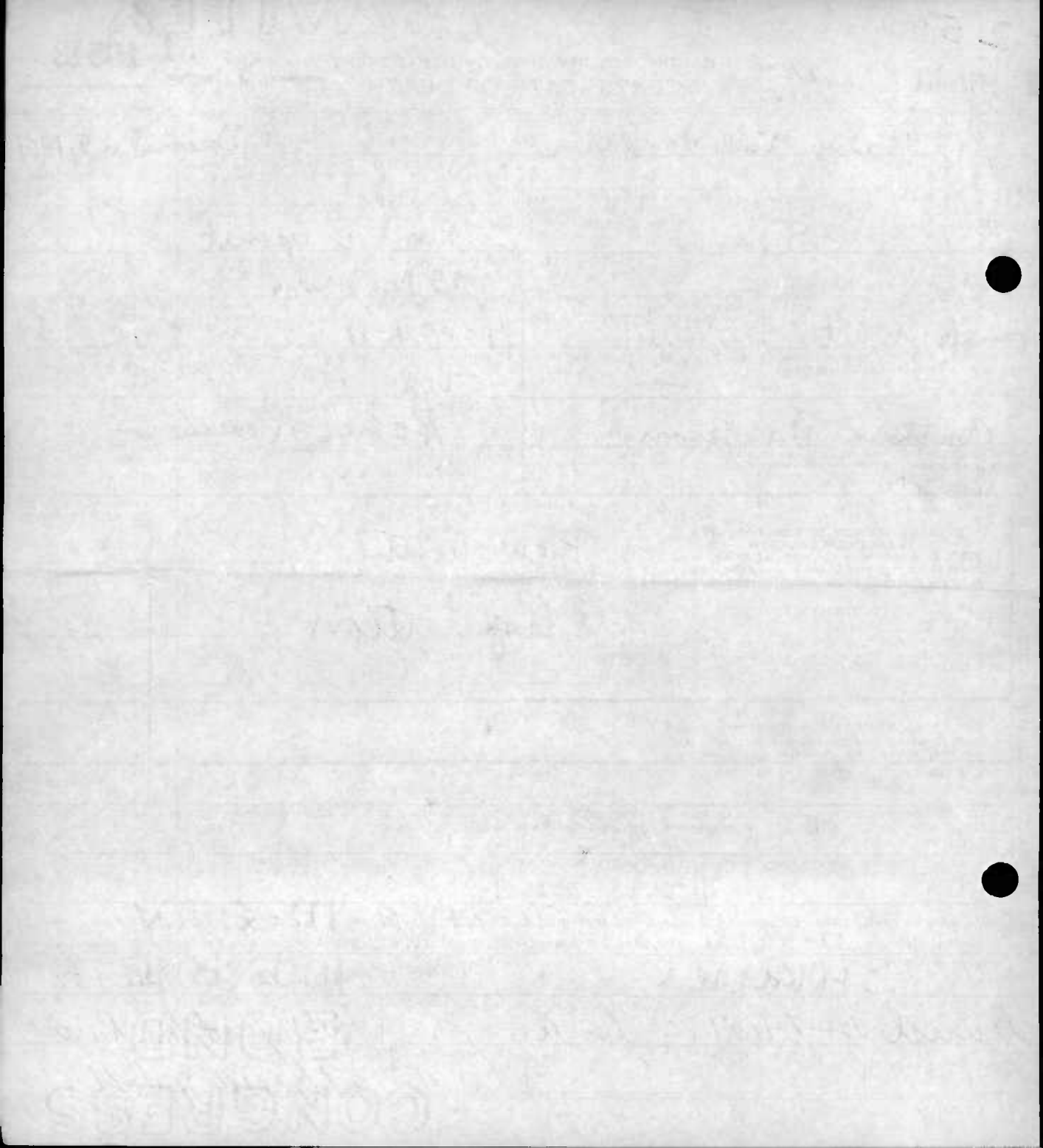
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Lee A. Patterson & Son



250
51 10544BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10544
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) BENJAMIN THOMAS DYSON			2. DATE OF DEATH December 5 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Home 2213 W. FAYETTE STREET			C. CITY OR TOWN (If outside corporate limits, write P.O. R.R. and give township) BALTIMORE		
Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2213 W. FAYETTE STREET		
5. SEX MALE	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Sept 12, 1888	9. AGE (In years last birthday) 63	10. Under 1 Year Months: Days: 11. Under 24 Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TAINMAN (CONDUCTOR)			10B. KIND OF BUSINESS OR INDUSTRY RAILROAD		
11. BIRTHPLACE (State or foreign country) MARYLAND			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME FRANCES DYSON			14. MOTHER'S MAIDEN NAME POSE BROWN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO.		
17. INFORMANT MRS ANNE DYSON			ADDRESS 2213 W. FAYETTE ST		

18. 4221 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) CHRONIC MYOCARDITIS AND MYOCARDIAL DEGENERATION DUE TO (B) ARTERIO SCLEROSIS, GENERALIZED DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH ? ?

19A. DATE OF OPERATION 6		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 16, 1951 , to December 5, 1951 , that I last saw the deceased alive on NOV. 24, 1951 , and that death occurred at 12:30 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE Melvin N. Broun		M. D. 5000 OLD FREDERICK RD		23C. DATE SIGNED 12/5/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12-7-51		24C. NAME OF CEMETERY OR CREMATORY Cathedral Cem.	
24D. LOCATION (City, town, or county) Balto.		24E. (State) Ind.			
DATE RECEIVED BY LOCAL REGISTRAR DEC 6 - 1951		REGISTRAR'S SIGNATURE Hamilton Williams, M.D.		25. FUNERAL DIRECTOR George A. Farley	
				ADDRESS Fullerton & Fayette St	

DECLASSIFICATION AUTHORITY

DECLASSIFICATION AUTHORITY

DECLASSIFICATION AUTHORITY

DECLASSIFICATION AUTHORITY

660
51 10545
ND-154063
BIRTH NO.

CERTIFICATE CORRECTED 1/3/52 ES
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10545

Registered No. _____

1. NAME OF DECEASED (Type or Print) Eulah/Greer		2. DATE OF DEATH Dec. 5, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY _____	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
6. LENGTH OF STAY IN BALTIMORE 45 Yrs.		D. STREET ADDRESS (If rural, give location) 2668 W. Franklin St.	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 2, 1886
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Slip-Cover & Drapery Maker -		10B. KIND OF BUSINESS OR INDUSTRY Draperies	
13. FATHER'S NAME Wilbur Thomas		14. MOTHER'S MAIDEN NAME Frances Mary/Anderson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. _____	
17. INFORMANT Baltimore City Hospitals		18. RECORDS: 4940 Eastern Avenue	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) 420.1 (a) Congestive heart failure Cardiac passive congestion of the liver (b) Arteriosclerosis of coronary arteries (c) Arteriosclerotic cardiovascular disease		INTERVAL BETWEEN ONSET AND DEATH Several Yrs. ?
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II Hemorrhagic colitis Esophageal varices		Several Yrs. ?

19A. DATE OF OPERATION ✓		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-18 , 1951, to 12-5 , 1951, that I last saw the deceased alive on 12-5 , 1951, and that death occurred at 1:20am. , from the causes and on the date stated above.					
23A. SIGNATURE C. S. Rogers		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 12-5-51	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/7/51		24C. NAME OF CEMETERY OR CREMATORY Western Cem.		24D. LOCATION (City, town, or county) (State) Balto., Md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 6 - 1951		REGISTRAR'S SIGNATURE Wm. J. Tichner & Sons		25. FUNERAL DIRECTOR'S ADDRESS Balto 17, Md.			

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See Document File 51-10545

Letter correcting from Dr, R. S. Rogers, BCH
Asst. Supt.

600

51 10546

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10546
Registered No.

1. NAME OF DECEASED (Type or Print)		NINA M. PERRY		2. DATE OF DEATH Dec. 4, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
B. FULL NAME OF (If not in hospital or institution, give street address or location)		A. STATE Md.			
1303 Windsor Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 3103 Windsor Ave.			
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Nov. 6, 1865	9. AGE (in years last birthday) 86	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Richard Cannon		14. MOTHER'S MAIDEN NAME Anna -			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT ADDRESS Mr. Richard H. Perry-3103 Windsor Ave.	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 4201 I Coronary Occlusion		(A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO General Atherosclerosis			
		(C) DUE TO Sclerosis			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION none		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec 1, 1951 to Dec 4, 1951, that I last saw the deceased alive on Dec 3, 1951, and that death occurred at 4 P. m., from the causes and on the date stated above.					
23A. SIGNATURE James H. Keenan		23B. ADDRESS 1219 Regent Square		23C. DATE SIGNED 12/5/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/7/51		24C. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cem.	
24D. LOCATION (City, town, or county) Balto., Md.		24E. FUNERAL DIRECTOR Wm. J. Vickers & Sons		24F. ADDRESS 942 Balto Md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 6 - 1951		REGISTRAR'S SIGNATURE Lester J. Williams, M.D.		25. FUNERAL DIRECTOR Wm. J. Vickers & Sons	

21301 13

CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age	
4. Date of Death		5. Time of Death		6. Place of Death	
7. Cause of Death		8. Manner of Death		9. Signature of Registrar	
10. Signature of Medical Officer		11. Signature of Coroner		12. Signature of Police Officer	
13. Signature of Burial Officer		14. Signature of Undertaker		15. Signature of Witness	
16. Signature of Family Member		17. Signature of Priest		18. Signature of Minister	
19. Signature of Chaplain		20. Signature of Other		21. Signature of Other	
22. Signature of Other		23. Signature of Other		24. Signature of Other	
25. Signature of Other		26. Signature of Other		27. Signature of Other	
28. Signature of Other		29. Signature of Other		30. Signature of Other	
31. Signature of Other		32. Signature of Other		33. Signature of Other	
34. Signature of Other		35. Signature of Other		36. Signature of Other	
37. Signature of Other		38. Signature of Other		39. Signature of Other	
40. Signature of Other		41. Signature of Other		42. Signature of Other	
43. Signature of Other		44. Signature of Other		45. Signature of Other	
46. Signature of Other		47. Signature of Other		48. Signature of Other	
49. Signature of Other		50. Signature of Other		51. Signature of Other	
52. Signature of Other		53. Signature of Other		54. Signature of Other	
55. Signature of Other		56. Signature of Other		57. Signature of Other	
58. Signature of Other		59. Signature of Other		60. Signature of Other	
61. Signature of Other		62. Signature of Other		63. Signature of Other	
64. Signature of Other		65. Signature of Other		66. Signature of Other	
67. Signature of Other		68. Signature of Other		69. Signature of Other	
70. Signature of Other		71. Signature of Other		72. Signature of Other	
73. Signature of Other		74. Signature of Other		75. Signature of Other	
76. Signature of Other		77. Signature of Other		78. Signature of Other	
79. Signature of Other		80. Signature of Other		81. Signature of Other	
82. Signature of Other		83. Signature of Other		84. Signature of Other	
85. Signature of Other		86. Signature of Other		87. Signature of Other	
88. Signature of Other		89. Signature of Other		90. Signature of Other	
91. Signature of Other		92. Signature of Other		93. Signature of Other	
94. Signature of Other		95. Signature of Other		96. Signature of Other	
97. Signature of Other		98. Signature of Other		99. Signature of Other	
100. Signature of Other		101. Signature of Other		102. Signature of Other	

630
1 10547

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10547

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LUTHER ABNER WERT

2. DATE
OF
DEATH

Dec. 4, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5609 Midwood Ave.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Dec. 4, 1892

9. AGE (In years
last birthday)

58

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

accountant

10B. KIND OF BUSINESS OR
INDUSTRY

Accounting

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

David A. Wert

14. MOTHER'S MAIDEN NAME

Emma Tice

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

212-01-0900

17. INFORMANT

ADDRESS

Mrs. Cora A. Wert-5609 Midwood Ave.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

QUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

QUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(D)

QUE TO

(E)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from May, 1949, to Dec 4, 1951, that I last saw the
deceased alive on Dec 4, 1951, and that death occurred at 10:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. O.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

12/7/51

Lorraine Cem.

Woodlawn, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 6 - 1951

Wilmington Williams, Md.

Wm. J. Tucker V Sars

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108 Balto 17, Md.

MEDICAL CERTIFICATION

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STADG W. STANBURY

10501

230
51 10548BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10548

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BRUCE HARRISON PECHT

2. DATE
OF
DEATH

Dec. 5, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

University Hospital

Yrs.
Mos.
Days

Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution, residence

A. STATE

Md

B. COUNTY

Bolt.

before admission)

C. CITY OR TOWN

Baltimore, 21

D. STREET ADDRESS (If rural, give location)

Box 66, Route #16

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

May 10, 1905

9. AGE (In years
last birthday)

46

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Mechanic -

10B. KIND OF BUSINESS OR
INDUSTRY

Construction

11. BIRTHPLACE (State or foreign country)

Pleasant Gap, Penna. U. S.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles

Pecht

14. MOTHER'S MAIDEN NAME

L. onberger

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

216-097850

17. INFORMANT

Mrs Bruce Pecht.

ADDRESS

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Uremia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Chronic glomerulonephritis 3 yrs.
Streptococcus allergyOTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(D)

DUE TO

(E)

INTERVAL BETWEEN
ONSET AND DEATH

1 wk.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 21, 1951, to Dec 5, 1951, that I last saw the
deceased alive on Dec 5, 1951, and that death occurred at 7:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Robert A. Moore, Jr.

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

Dec 5, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

12/6/1951

24C. NAME OF CEMETERY OR CREMATORY

BLANDFORD

24D. LOCATION (City, town, or county)

Petersburg,

(State)

VA.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Williams, Jr.

25. FUNERAL DIRECTOR

Wm. J. Tickner & Sons

ADDRESS

Balto. Md

VS 150

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STANDARD INDUSTRIAL PAPER

10-10-10



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51 10549

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10549

BIRTH NO.

1. NAME OF DECEASED (Type or Print) SARAH MARIA ANDERSON		2. DATE OF DEATH DEC 4/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 2232 DRUID HILL AVE		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) BALTIMORE	
D. LENGTH OF STAY IN BALTIMORE 56 Yrs. Mos. Days		E. STREET ADDRESS (If rural, give location) 2232 DRUID HILL AVE	
5. SEX FEMALE	6. COLOR OR RACE COLORED	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH AUG 12, 1875 76
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHAR WOMAN		10B. KIND OF BUSINESS OR INDUSTRY CUSTOM HOUSE	
13. FATHER'S NAME JOHN ANDREW ANDERSON		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.	
17. INFORMANT MRS. MARY E MOOREHEAD		ADDRESS 2232 DRUID HILL	

18. 4221 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CARDIO VASCULAR DISEASE DUE TO CEREBRAL HEMORRHAGE	CAUSE OF DEATH CARDIO VASCULAR DISEASE DUE TO CEREBRAL HEMORRHAGE	INTERVAL BETWEEN ONSET AND DEATH 2 YRS 3 DAYS
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **JAN 10, 1951**, to **DEC 4, 1951**, that I last saw the deceased alive on **DEC 4, 1951**, and that death occurred at **2 P. m.**, from the causes and on the date stated above.

23A. SIGNATURE William Frey	23B. ADDRESS 1928 Berna Ave	23C. DATE SIGNED 12/5/51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Dec. 6, 1951	24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn
24D. LOCATION (City, town, or county) (State) Baltimore, Md.	25. FUNERAL DIRECTOR Walter J. Turner	
DATE RECEIVED BY LOCAL REGISTRAR DEC 6 - 1951	REGISTRAR'S SIGNATURE Walter J. Turner	26. ADDRESS 1631 Druid Hill Ave.

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CERTIFICATE CORRECTED 1-2-52

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10550

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Nathan L. Fitts</i>		2. DATE OF DEATH <i>12/4/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE <i>New Jersey</i> B. COUNTY <i>Baltimore</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>2759 Baker St</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore Md</i>			
D. STREET ADDRESS (If rural, give location) <i>2759 Baker St</i>		E. <i>154 Badger Ave.</i>			
Length of stay in Baltimore <i>10 yrs</i>		Yrs. Mos. Days			
5. SEX <i>M</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>3/10/67</i>	9. AGE (In years last birthday) <i>84 yrs</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Butler</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Macon NC</i>	
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13. FATHER'S NAME <i>William Fitts</i>		14. MOTHER'S MAIDEN NAME <i>Emily Beldin</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Nathan Fitts</i>	
18. <i>241X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH <i>Acute Pericarditis</i> <i>Myocardial Infarction</i> <i>Chronic Heart Disease</i> INTERVAL BETWEEN ONSET AND DEATH <i>Several Weeks</i>		19. DATE OF OPERATION			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>12/2/51</i> , to <i>12/3/51</i> , that I last saw the deceased alive on <i>12/3/51</i> , and that death occurred at <i>2:45</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>E. H. Mays</i>		23B. ADDRESS <i>326 N. Carey St.</i>		23C. DATE SIGNED <i>12/6/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>12/9/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Ellisdale N.Y.</i>	
24D. LOCATION (City, town, or county) (State) <i>Near Trenton N.J.</i>		25. FUNERAL DIRECTOR <i>Eugene H. Mays</i>		ADDRESS <i>609 George St</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 6 - 1951</i>		REGISTRAR'S SIGNATURE <i>William Williams</i>		26. OFFICIAL DIRECTOR	

MEDICAL CERTIFICATION

10050

CERTIFICATE OF DEATH

John J. Fitter

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 10551**

10551
BIRTH NO.

1. NAME OF DECEASED (Type or Print) CATHERINE L. ERNST			2. DATE OF DEATH DEC. 4, 1957		
3. PLACE OF DEATH: A. Baltimore City, Maryland BALTIMORE			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE MARYLAND B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 1312 HILLMAN ST.			C. CITY OR TOWN BALTIMORE (If rural, give location) 9-07		
D. STREET ADDRESS (If rural, give location) 1312 Hillman St.			E. LENGTH OF stay in Baltimore 75- Yrs. Mos. Days		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH OCT. 22, 1876		9. AGE (In years last birthday) 75
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK at HOME		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) BALTIMORE		12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME NOT KNOWN			14. MOTHER'S MAIDEN NAME NOT KNOWN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none	17. INFORMANT ADDRESS GEORGET. Phillips 1312 Hillman St.		

MEDICAL CERTIFICATION	18. 442X CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 6
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Uremia		
	DUE TO (A) Uremia		
	DUE TO (B) Cardio-Vascular Renal Disease		
DUE TO (C)			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May , 19 57 , to 9 Dec , 19 57 , that I last saw the deceased alive on 4 Dec , 19 57 , and that death occurred at 4:20 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE S. Tinsley		23B. ADDRESS 714 E. Preston		23C. DATE SIGNED 5 Dec. 1957	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec 7, 1957		24C. NAME OF CEMETERY OR CREMATORY PARKWOOD CEMETERY	
24D. LOCATION (City, town, or county) (State) Baltimore Co. Md		25. FUNERAL DIRECTOR ADDRESS Elmer W. Conklin 924 E. Eager St.			

DATE RECEIVED BY LOCAL REGISTRAR **DEC 6 - 1957** VS 150

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FEB 10 1964

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Balto. City*
B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE *108 N. Carlton St*4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *Md.*
B. COUNTY *18-02*C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
*Baltimore*D. STREET ADDRESS (If rural, give location)
*108 N. Carlton St*Length of stay in Baltimore *35 years*Yrs.
Mos.
Days5. SEX *male*

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from *Dec. 1, 1951* to *Dec. 3, 1951*, that I last saw the deceased alive on *Dec 3, 1951*, and that death occurred at *1406* m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

51 10553

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Hattie Elizabeth Holley			2. DATE OF DEATH 12/4/1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 108 South Caroline Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 108 South Caroline Street			E. LENGTH OF STAY IN BALTIMORE 10 Yrs.		
5. SEX Female	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 12/26/1906		9. AGE (In years last birthday) 44
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Winsto N.C.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME George Goetins			14. MOTHER'S MAIDEN NAME Allie Cherry		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Odel Holley 108 South Carolina St		

18. 331X1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Cerebral Hemorrhage DUE TO (B) Generalized Arteriosclerosis DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH (A) 2 days (B) 17 (C) _____
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

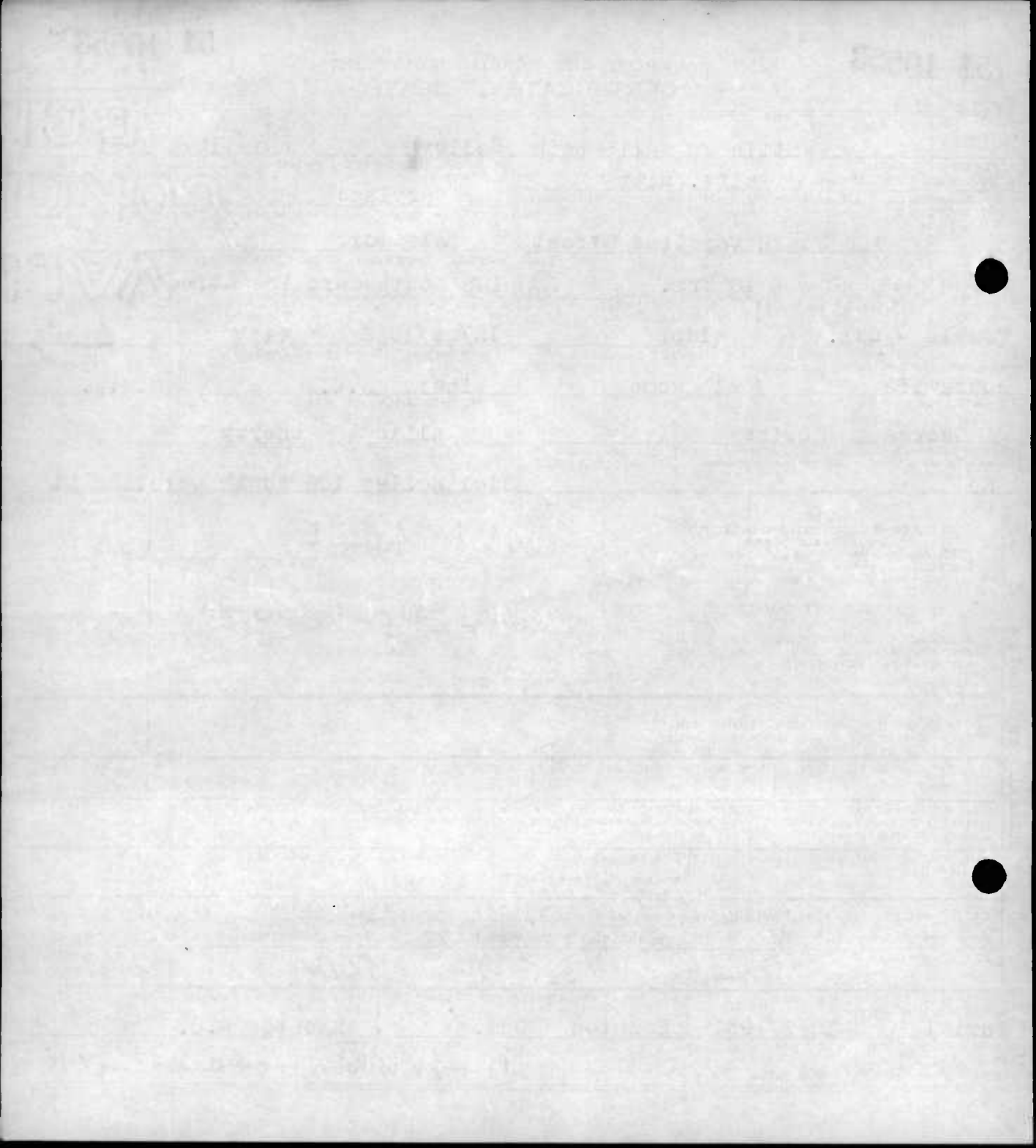
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **2/1**, 19**47** to **12/4**, 19**51**, that I last saw the deceased alive on **12/4**, 19**51**, and that death occurred at **2** m., from the causes and on the date stated above.

23A. SIGNATURE S. C. Feldman	M. D.	23B. ADDRESS 1440 E. Baltimore	23C. DATE SIGNED 12/6/51
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12/9/1951	24C. NAME OF CEMETERY OR CREMATORY Edenton Cem.	24D. LOCATION (City, town, or county) (State) Edonton N.C.
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DATE RECEIVED BY LOCAL REGISTRAR EC 6-1951	REGISTRAR'S SIGNATURE H. J. Williams	25. FUNERAL DIRECTOR Cheryl D. Wilson	ADDRESS 1100 South 1st Ave
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51 10554
636 J1- 153436
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10554
Registered No.

1. NAME OF DECEASED (Type or Print) Travers Carter		2. DATE OF DEATH 12-3-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Ma B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore 50 Yrs.		D. STREET ADDRESS (If rural, give location) 27 N. Carey St.	
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar. 15. 1882
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY In General	9. AGE (In years last birth day) 69
11. BIRTHPLACE (State or foreign country) Northumberland CO. Va.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT B. C. H. Records, 4940 Eastern Ave.		ADDRESS	

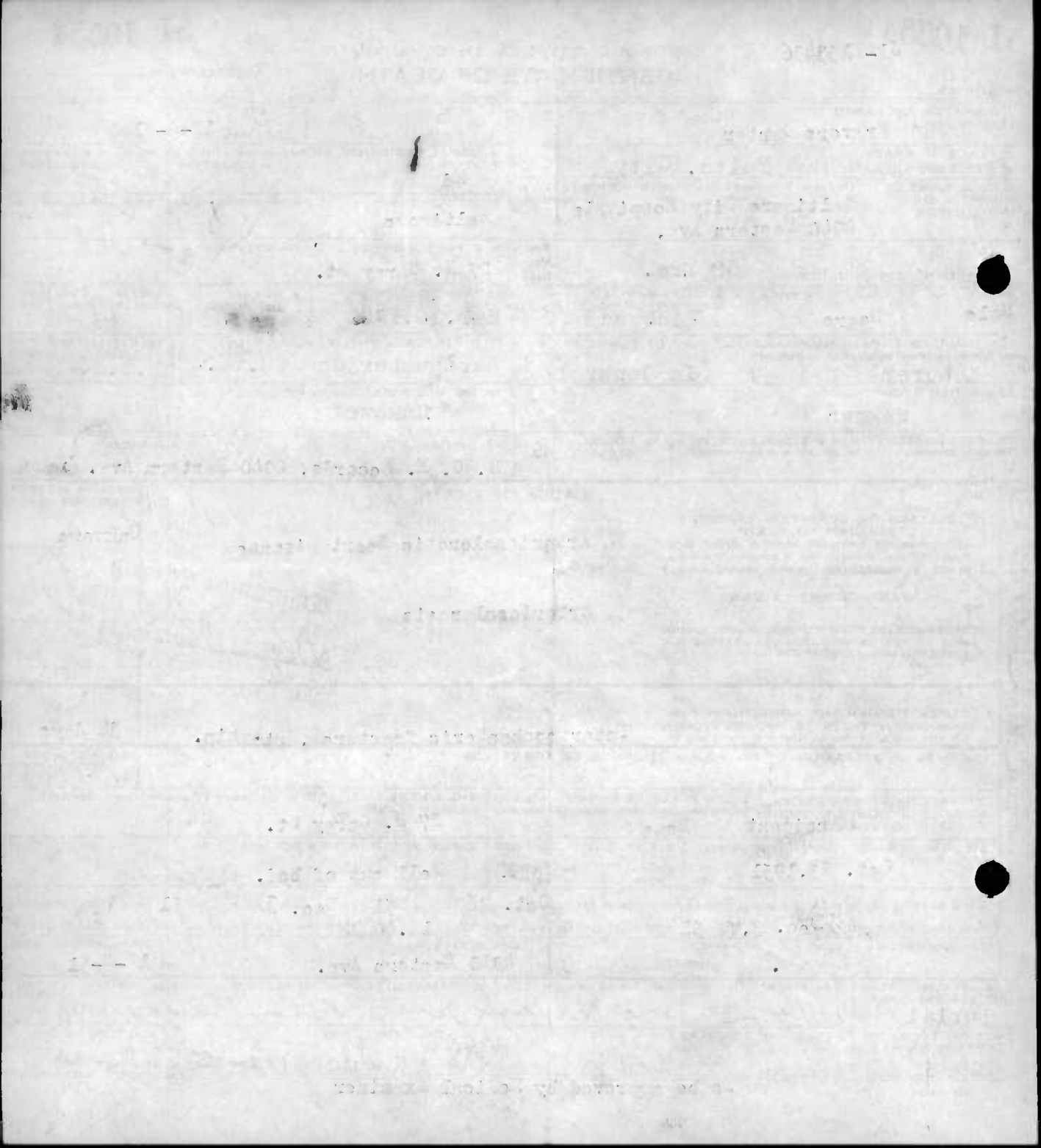
18. 420.0 and 490.0 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) (A) Arteriosclerotic Heart Disease DUE TO (B) Arteriosclerosis DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH Unknown
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Intertrochanteric fracture, rt. hip.		38 days

19A. DATE OF OPERATION 12/7-51		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Accident	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home	21C. WHERE DID INJURY OCCUR? 27 N. Carey St.	(If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Oct. 25, 1951	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Fell out of bed. to floor		
22. I hereby certify that I attended the deceased from Oct. 26 , 19 51 , to Dec. 3 , 19 51 that I last saw the deceased alive on Dec. 3, 19 51 and that death occurred at 11.40 AM from the causes and on the date stated above.				
23A. SIGNATURE R. S. Dwyer M. D.		23B. ADDRESS 4940 Eastern Ave.		23C. DATE SIGNED 12-4-51

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12/7-51	24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Am	24D. LOCATION (City, town, or county) (State) Baltimore Md
DATE RECEIVED BY LOCAL REGISTRAR DEC 6 - 1951		REGISTRAR'S SIGNATURE William H. Williams	
VS 150 N-820.0		25. FUNERAL DIRECTOR Chas. O. Wilson	
To be approved by Medical Examiner 97099		ADDRESS 1000 Brantley Ave	

CERTIFICATION APPROVED BY
William H. Williams M. D.
CHIEF OR ASST. MEDICAL EXAMINER

937



G120
51 10555

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10555
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JEANETTE GIBBS

2. DATE
OF
DEATH

DEC 6, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

A3

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

MARYLAND

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

1529 Johns St.

5. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)

If Under 1 Year
Months Days

If Under 24 Hours
Hours Min.

FEMALE

White

MARRIED

5-21-08

43

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Sounders

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Uraemia

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

3 mo.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Carcinoma of cervix

DUE TO

3 years

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Radiation therapy

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from 9-29-1951 to 12-6-1951, that I last saw the
deceased alive on 12-6-1951, and that death occurred at 4:30 AM, from the causes and on the date stated above.

23A. SIGNATURE

Frank Bralby

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

12/6/51

OAK HILL

SPOTTSALVANIA COUNTY VA

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

DEC 6 - 1951

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

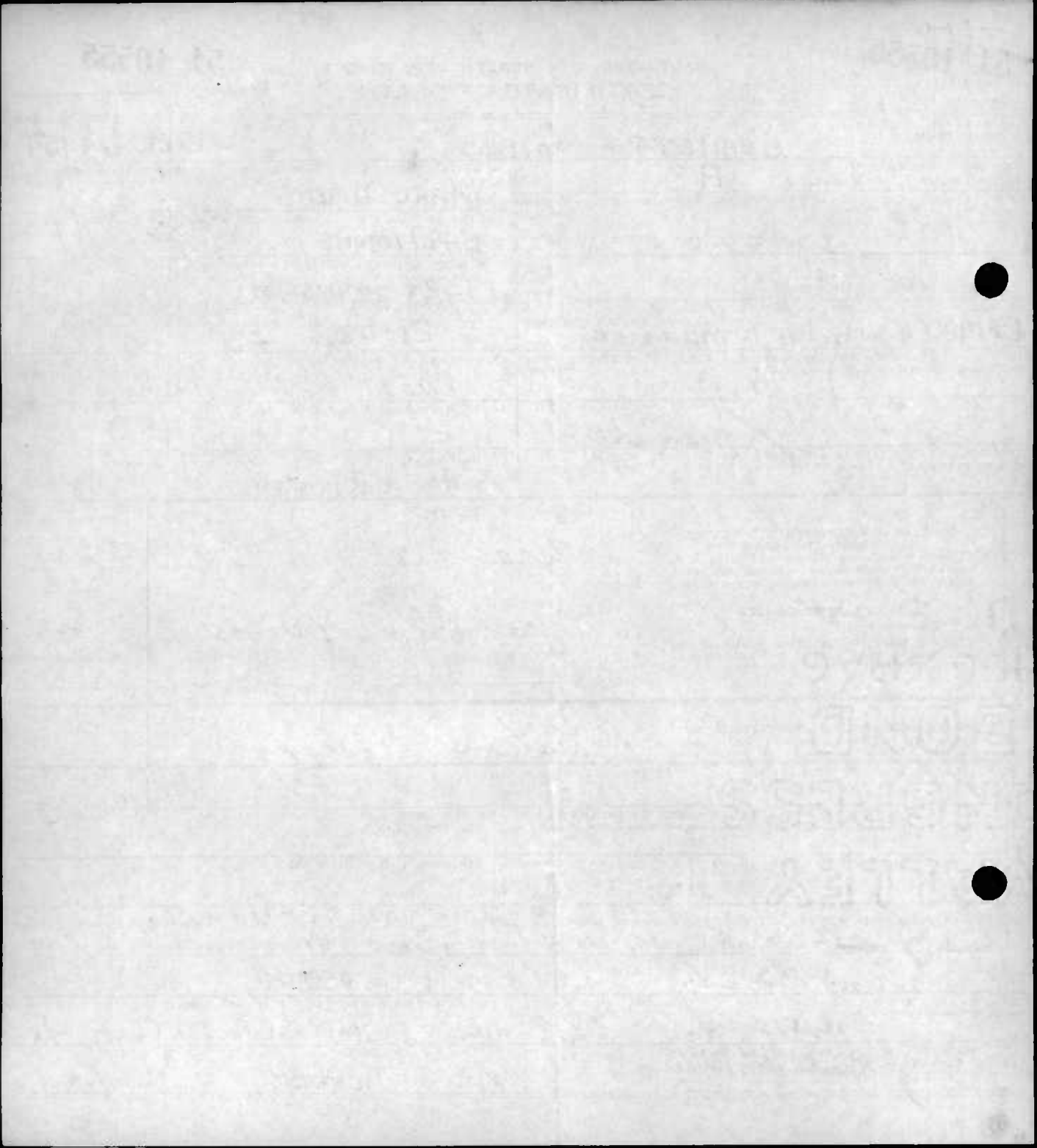
WM J TICKNER

No Pa AVE

VS 150

DEC 6 - 1951

48a



③ 620
51 10556

51 10556

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Walter Wesley Marks

2. DATE
OF
DEATH

Dec. 5/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

733 Edgewood St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

733 Edgewood St.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Dec. 20, 1877

9. AGE (In years
last birthday)

75

10. Under 1 Year
Months: Days
11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Blocker

10B. KIND OF BUSINESS OR INDUSTRY

Cosmopolitan

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

---Marks

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Theodore Lotz, 733 Edgewood St.

18. DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) DUE TO

(B) DUE TO

(C) DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

Nov 21/51

Dec 5/51

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Emphysema + Chr. Bronchitis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

22. I hereby certify that I attended the deceased from Nov 21, 1951, to Dec 5, 1951, that I last saw the deceased alive on Dec 4, 1951, and that death occurred at 5:14 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Louis R. Krumm

23B. ADDRESS

722 No. Kenwood Ave

23C. DATE SIGNED

12/6/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 7/51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park, 3801 Frederick Rd. Balto. 29, Md.

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

DEC 6 - 1951

REGISTRAR'S SIGNATURE

William Williams

25. FUNERAL DIRECTOR

ADDRESS

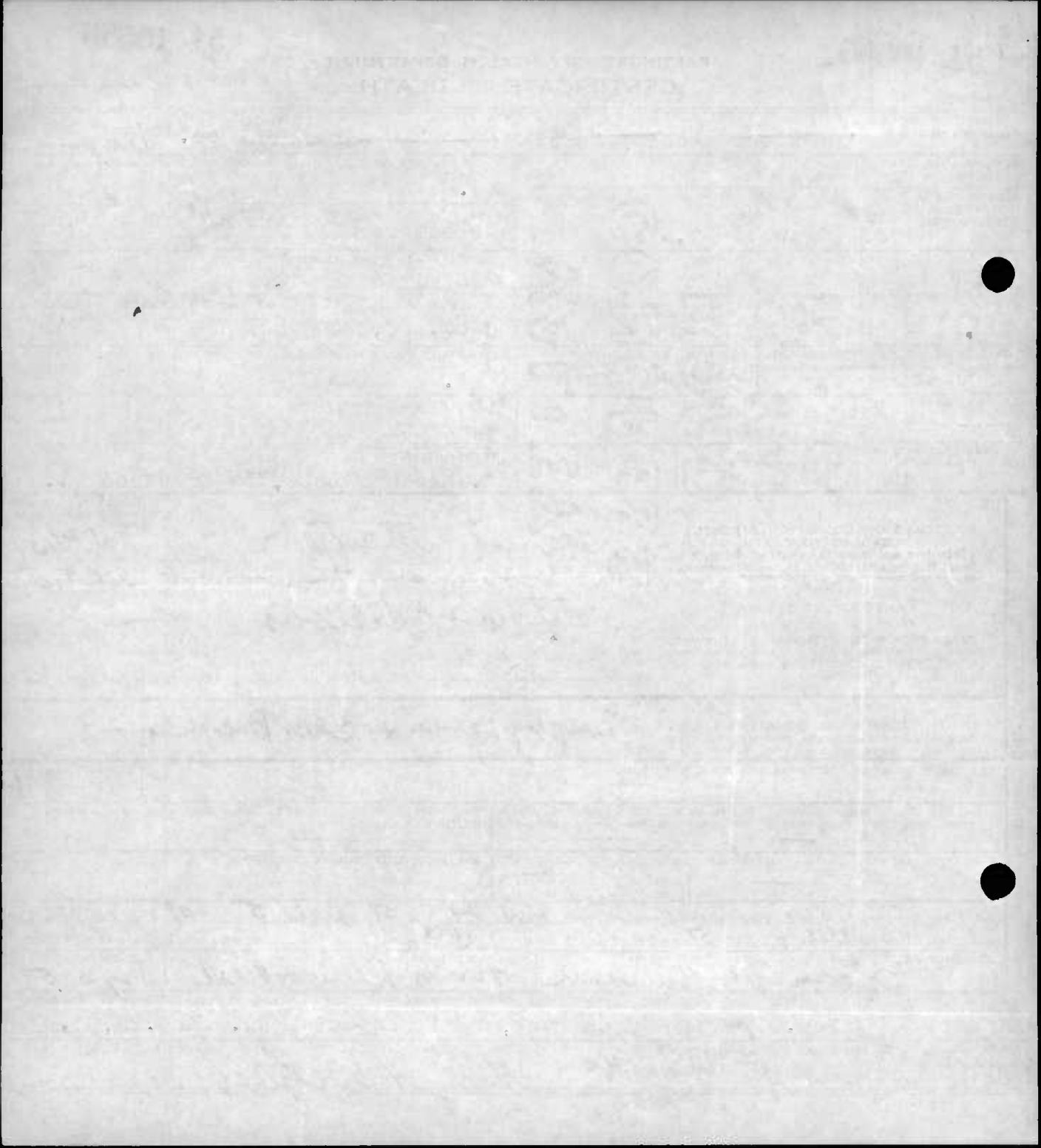
Harry H. Witzler 4101 Edmondson A

VS 150

6904F

94a

MEDICAL CERTIFICATION



31 10557

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10557
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JACOB ROHRBACH		2. DATE OF DEATH Dec. 5, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1218 W. Baltimore Street		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
7. LENGTH OF stay in Baltimore Life Yrs. Mos. Days		8. STREET ADDRESS (If rural, give location) 1218 W. Baltimore Street	
9. SEX Male	10. COLOR OR RACE White	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	12. DATE OF BIRTH Aug. 29, 1865
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Moving & Hauling		14. KIND OF BUSINESS OR INDUSTRY Proprietor	
15. FATHER'S NAME -----Rohrbach		16. MOTHER'S MAIDEN NAME Unknown	
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		18. SOCIAL SECURITY NO.	
19. INFORMANT		ADDRESS Mr Norris Rohrbach, 4733 Dartford Ave	

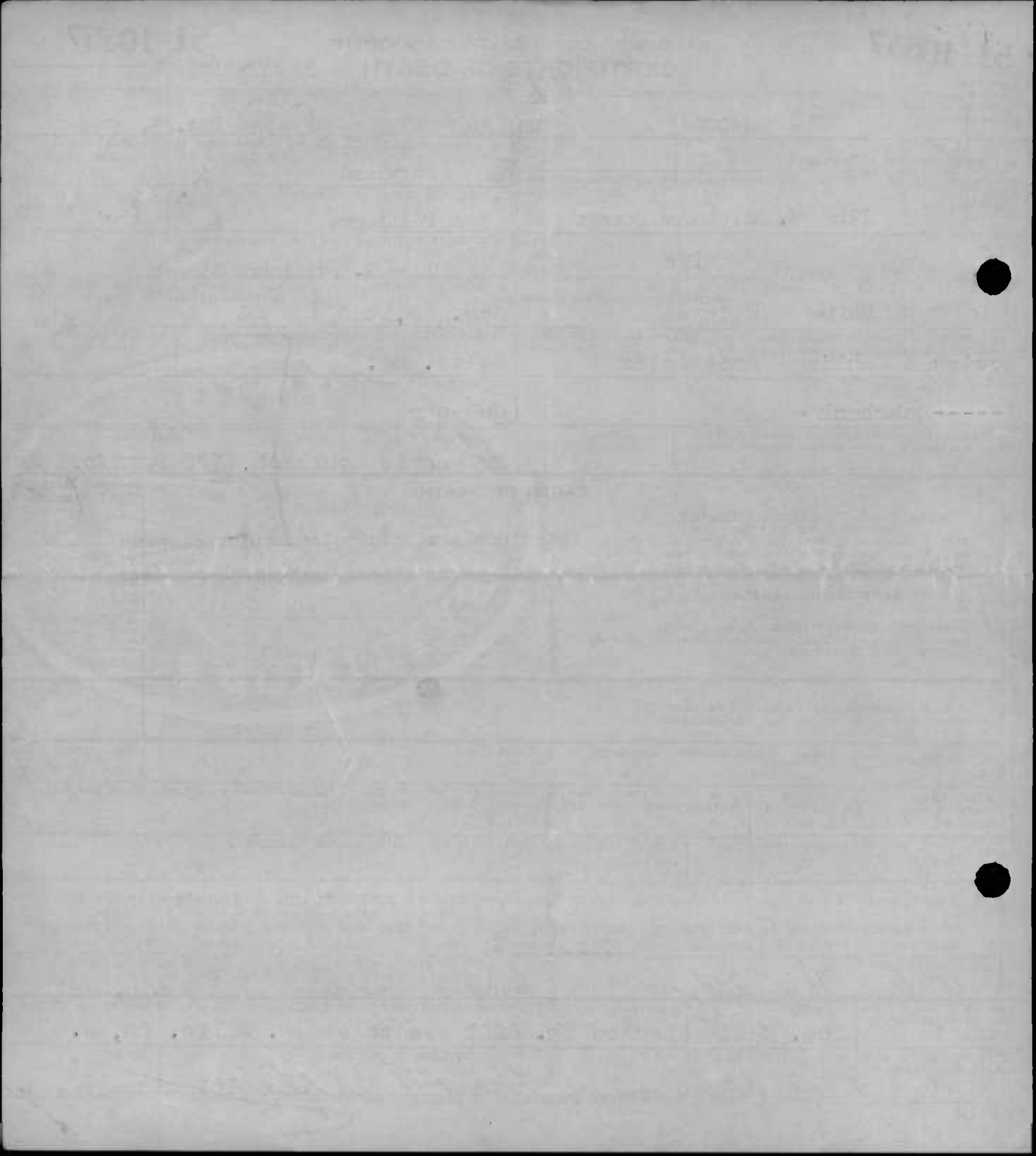
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William V. Loyd	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR	23C. DATE SIGNED Dec. 5, 1951
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Dec. 8/51	24C. NAME OF CEMETERY OR CREMATORY Loudon Pk. 3801 Frederick Rd. Balto. 29, Md.

DATE RECEIVED BY LOCAL REGISTRAR DEC 6 - 1951	REGISTRAR'S SIGNATURE Harry A. Wintz	25. FUNERAL DIRECTOR 4101 Edmondson Ave
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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10558
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JOHN W. DEAN		2. DATE OF DEATH December 5, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Essex	
D. STREET ADDRESS (If rural, give location) 7831 Eastern Avenue		length of stay in Baltimore Yrs. Mos. Days	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH July 28, 1889
9. AGE (In years last birthday) 62		10. UNDER 1 Year Months Days 11. UNDER 24 Hours Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber, retired		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Andrew W. Dean		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	
17. INFORMANT Mrs. Ella Scurci, 3451 Yorkway, Essex, Md		ADDRESS	

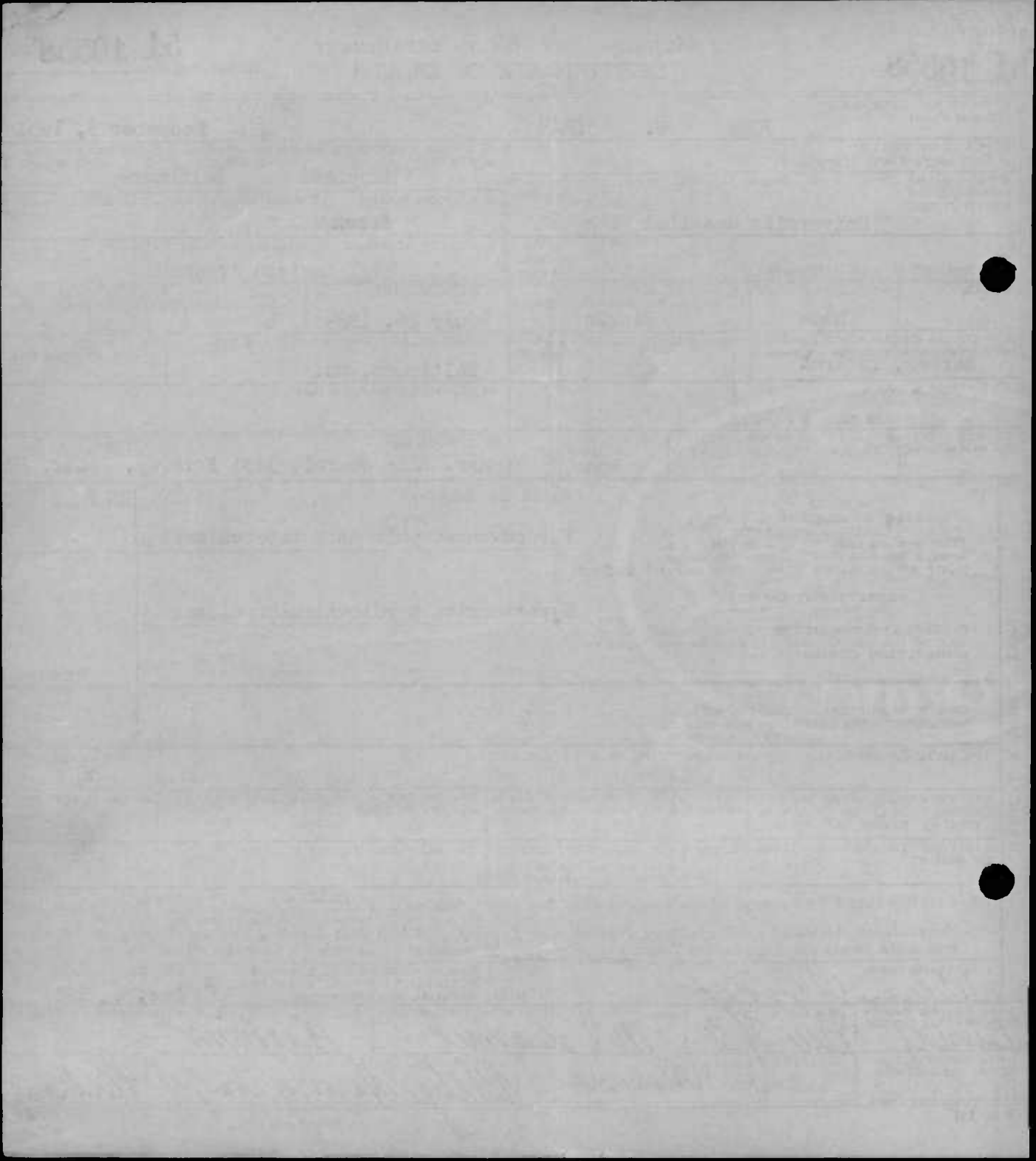
18. 002X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Far advanced pulmonary tuberculosis DUE TO Hypertensive cardiovascular disease INTERVAL BETWEEN ONSET AND DEATH	CAUSE OF DEATH
19. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William V. Horvath M.D. 23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ 23C. DATE SIGNED **Dec. 6, 1951**

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Dec 8/51	24C. NAME OF CEMETERY OR CREMATORY MT Carmel	24D. LOCATION (City, town, or county) (State) Baltimore
DATE RECEIVED BY LOCAL REGISTRAR DEC 6 - 1951	REGISTRAR'S SIGNATURE <u>William V. Horvath</u>	25. FUNERAL DIRECTOR <u>Philip Herwig, Inc., 2024 Orleans</u>	ADDRESS



460
-51 30
10559

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10559

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ADA M. TAYLOR (WISCOTT)

2. DATE
OF
DEATH

12/4/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

SINAI Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1603 Rickenbacker Rd

C. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

June 28, 1880

9. AGE (in years
last birthday)

71

10. Under 1 Year Months: Days
11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALDMS

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Samuel J. Taylor

14. MOTHER'S MAIDEN NAME

Slack M.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

none

17. INFORMANT

ADDRESS

Edw. L. Wiscott, 814 St Paul St

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

metastasis to lungs

DUE TO

Cachexia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Chordoma

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from ~~Nov 1951~~ to **DEC 4, 1951** that I last saw the deceased alive on **Dec 4, 1951** and that death occurred at **4:30 PM**, from the causes and on the date stated above.

23A. SIGNATURE

Robert Handley

M. D.

23B. ADDRESS

Sinai Hosp

23C. DATE SIGNED

Dec 4, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 6 - 1951

William J. Williams, Jr.

Philip's Moving Sons, 2024 Calver St

VS 150

047 B

MEDICAL CERTIFICATION

1930

RECEIVED

1930

[Faint, mostly illegible text and markings, possibly bleed-through from the reverse side of the page. Some words like "RECEIVED" and "1930" are visible.]

120
51 10560BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10560
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Baby-girl</i>		2. DATE OF DEATH <i>DEC 3 - 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Dundalk</i>	
D. STREET ADDRESS (If rural, give location) <i>535 MAIN ST 5300</i>			
5. SEX <i>Female</i>		6. COLOR OR RACE <i>colored</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>3</i>		8. DATE OF BIRTH <i>12-3-51</i>	
9. AGE (In years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
11. BIRTHPLACE (State or foreign country) <i>Md</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Scott Epps</i>		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS	

18. <i>776 x 1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Prematurity</i> (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH <i>14 hr</i>
ANTECEDENT CAUSES (B) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>12-3-51</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>12-3-</i> , 1951, to <i>12-3-</i> , 1951, that I last saw the deceased alive on <i>12-3-</i> , 1951, and that death occurred at <i>m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>S. Kaiser</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>12/3/51</i>	

24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 6 - 1951</i>		REGISTRAR'S SIGNATURE <i>Wilmington Williams, Jr.</i>		25. FUNERAL DIRECTOR <i>Hospital Disposal</i>		ADDRESS	

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453
51 10561BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10561

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Baby Boy Holland

2. DATE
OF
DEATH

December 11, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution, resident, before admission)

A. STATE

Md.

B. COUNTY

Baltimore

C. CITY OR TOWN

Odenton

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

5500

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

11-27-51

9. AGE (In years
last birthday)10 Under 1 Year
Months: Days: Hours: Min.

4

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Annie

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT
JOHNS HOPKINS HOSPITAL ADDRESS

18. 761.51 CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

Prematurity

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)

? Trauma of birth

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)22. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐HOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-27, 1951, to 12-1, 1951, that I last saw the
deceased alive on 12-1, 1951, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

J. H. H. H.

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

12/3/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

DEC 6 - 1951

Washington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Hospital Disposal

10-21-12

RECEIVED

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- 550
51-10562
BIRTH NO. 51-27856

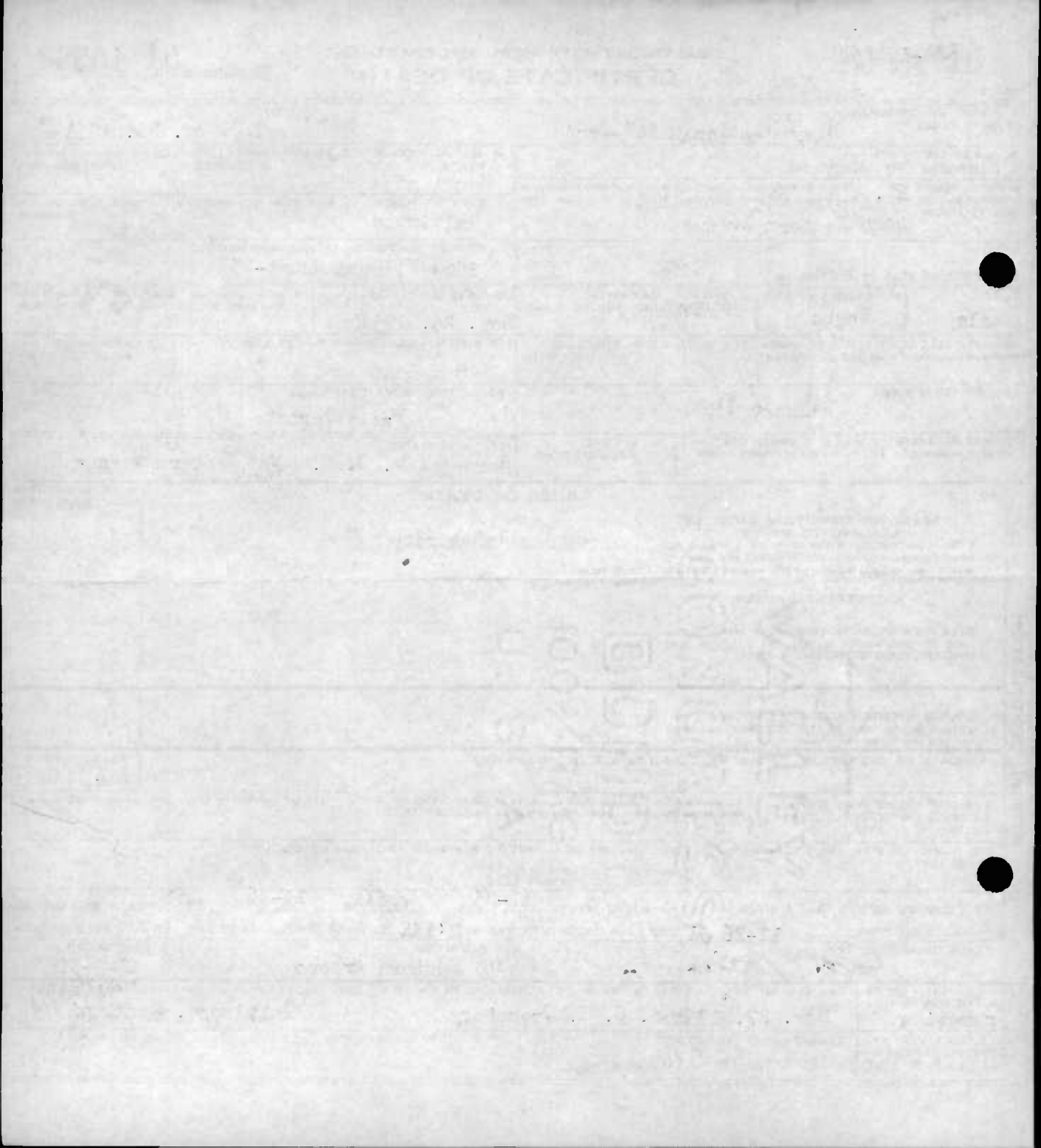
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10562

1. NAME OF DECEASED (Type or Print) Baby Boy Inman "A" Ezzie			2. DATE OF DEATH Nov. 26, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
6. LENGTH OF STAY IN BALTIMORE Life			D. STREET ADDRESS (If rural, give location) 2803 Winwood Court-25		
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Nov. 25, 1951	9. AGE (In years last birthday)	10. Under 1 Year Months: Days: 1
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) Maryland		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Wilbert Gibbs			14. MOTHER'S MAIDEN NAME Ezzie Barnes		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Records: B. C. H.			ADDRESS 4940 Eastern Avenue		

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 776 X I Gross Immaturity (A) DUE TO ANTECEDENT CAUSES (B) DUE TO (C) DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH Gross Immaturity Life	INTERVAL BETWEEN ONSET AND DEATH Life
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19A. DATE OF OPERATION 7		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-25, 1951, to 11-26, 1951, that I last saw the deceased alive on 11-26 51 and that death occurred at 2:15 A.M., from the causes and on the date stated above.					
23A. SIGNATURE W. E. Egan		23B. ADDRESS M. D. 4940 Eastern Avenue		23C. DATE SIGNED 12-4-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24B. DATE Nov. 27, 1951		24C. NAME OF CEMETERY OR CREMATORY B. C. H. Crematory	
24D. LOCATION (City, town, or county) Baltimore, Maryland		24E. LOCATION (State) Maryland		24F. LOCATION (Country) United States	
DATE RECEIVED BY LOCAL REGISTRAR DEC 6 - 1951		REGISTRAR'S SIGNATURE W. E. Egan		25. FUNERAL DIRECTOR ADDRESS	



550

51-154235

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51-10563

BIRTH NO. 51-27857

1. NAME OF DECEASED
(Type or Print)

Baby Boy Inman "B" -Ezzie

2. DATE
OF
DEATH

Nov. 26, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE Baltimore City Hospitals

4940 Eastern Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MarylandC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 25-32

D. STREET ADDRESS (If rural, give location)

2803 Winwood Court-25

Length of stay in Baltimore Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Nov. 25, 1951

9. AGE (in years last birthday)

10 Under 1 Year Months: Days: 1

11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Wilbert Gibbs

14. MOTHER'S MAIDEN NAME

Ezzie Barnes

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Records: B. C. H. 4940 Eastern Avenue

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Gross Immaturity

DUE TO

Life

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-25, 1951, to 11-26, 1951, that I last saw the deceased alive on 11-26, 1951, and that death occurred at 12:05 A.M., from the causes and on the date stated above.

23A. SIGNATURE

W. S. Rogers

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

12-4-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Cremation

24B. DATE

Nov. 27, 1951

24C. NAME OF CEMETERY OR CREMATORY

B. C. H. Crematory

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

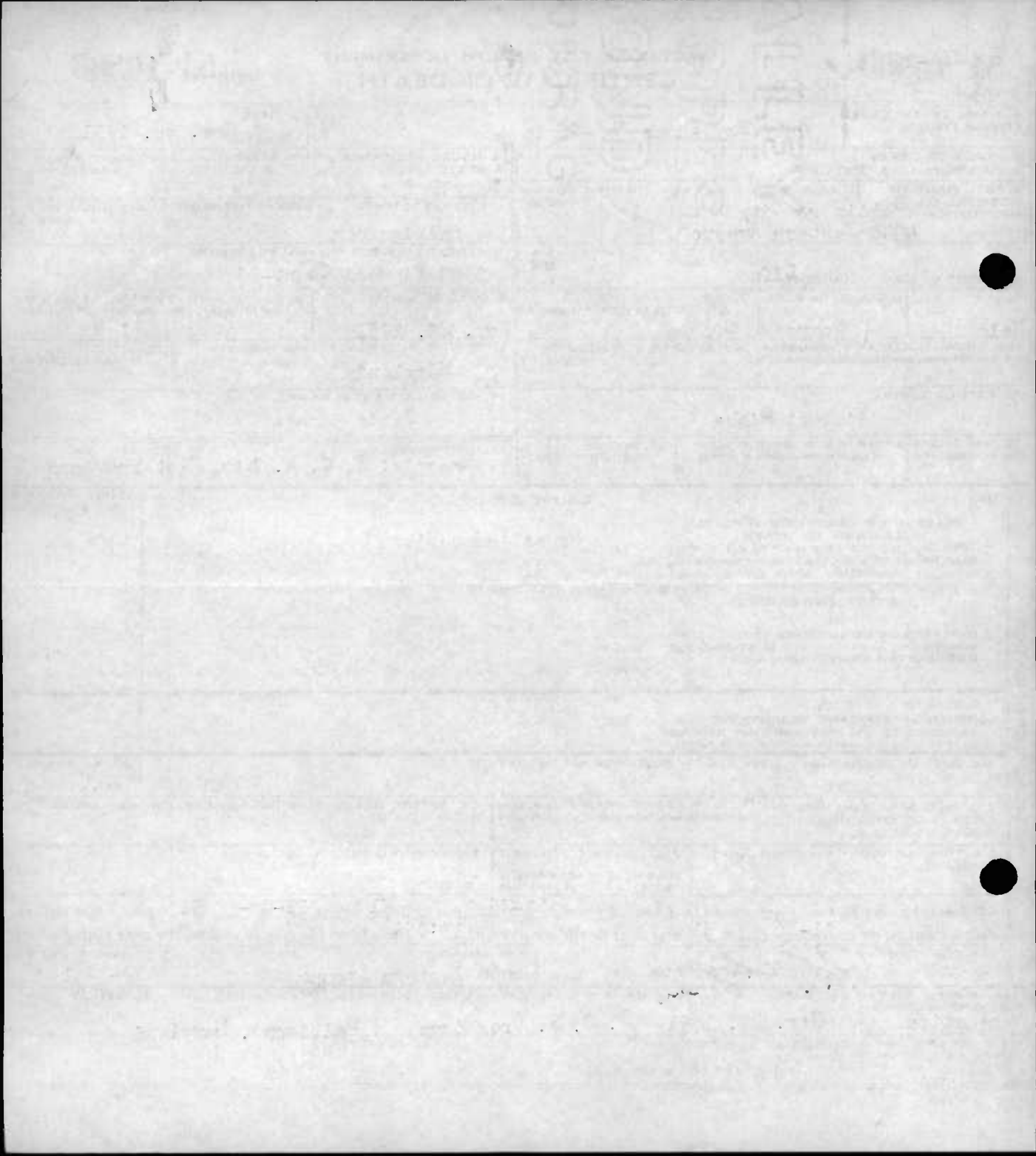
REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

DEC 6 - 1951



656
ND-153842-10564
BIRTH NO. 51-26464

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10564
Registered No.

1. NAME OF DECEASED (Type or Print) Baby Girl Turner (Rosie)			2. DATE OF DEATH Nov. 11, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 855 W. Fayette St. (1)			E. LENGTH OF STAY IN BALTIMORE Life		
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Nov. 11, 1951		9. AGE (in years last birthday) 8 Months: 35 Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Lee Turner			14. MOTHER'S MAIDEN NAME Rosie Lee Powell		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Avenue	

18. 7625 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Prematurity DUE TO		INTERVAL BETWEEN ONSET AND DEATH Life
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Fetal Atelectasis DUE TO		Life
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-11- , 19 51 , to 11-11 , 19 51 , that I last saw the deceased alive on 11-11 , 19 51 , and that death occurred at 2:30 p. m. , from the causes and on the date stated above.					
23A. SIGNATURE <i>E. J. Rozen</i>		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 12-4-51	

24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24B. DATE 11-21-51		24C. NAME OF CEMETERY OR CREMATORY B.C.H. Crematory		24D. LOCATION (City, town, or county) (State) 4940 Eastern Avenue	
DATE RECEIVED BY LOCAL REGISTRAR DEC 6 - 1951		REGISTRAR'S SIGNATURE <i>W. H. Williams, M.D.</i>		25. FUNERAL DIRECTOR		ADDRESS	

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REA-154095

BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 51 10565

BIRTH NO. 51 10565

51-27083

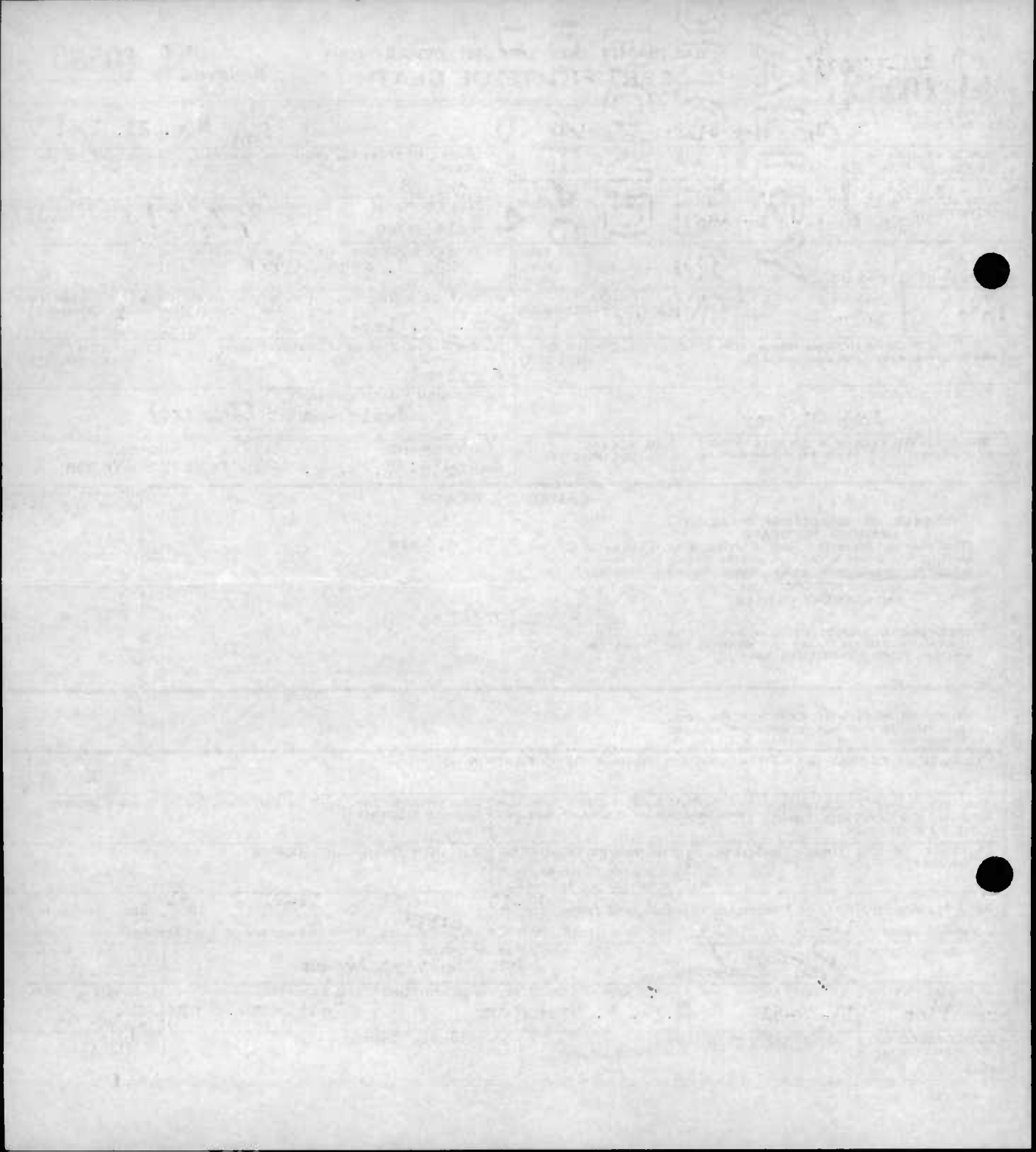
CERTIFICATE OF DEATH

1. NAME OF DECEASED (Type or Print) Baby Boy Gladney-Mamie		2. DATE OF DEATH Nov. 21, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals INSTITUTION, 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 420 N. Eden Street		5-01	
c. Length of stay in Baltimore Life		Yrs. Mos. Days	
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Nov. 19, 1951
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) 3 If Under 1 Year Months: Days: Hours: Min.
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME John Gladney		14. MOTHER'S MAIDEN NAME Mamie Sander (Sanders)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Records: B. C. H. 4940 Eastern Avenue		ADDRESS	

18. 7625 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Fetal Atelectasis DUE TO Life		INTERVAL BETWEEN ONSET AND DEATH Life
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Prematurity DUE TO Life		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 11-21-51		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-19 , to 11-21 , 19 51 , that I last saw the deceased alive on 11-21 , 19 51 , and that death occurred at 4:15 P. M. , from the causes and on the date stated above.					
23A. SIGNATURE G. B. Dozen		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 12-4-51	

24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24B. DATE 11-24-51		24C. NAME OF CEMETERY OR CREMATORY B. C. H. Crematory		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR DEC 6 - 1951		REGISTRAR'S SIGNATURE William A. Williams, M.D.		25. FUNERAL DIRECTOR		ADDRESS	



51 10566

51 10566

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

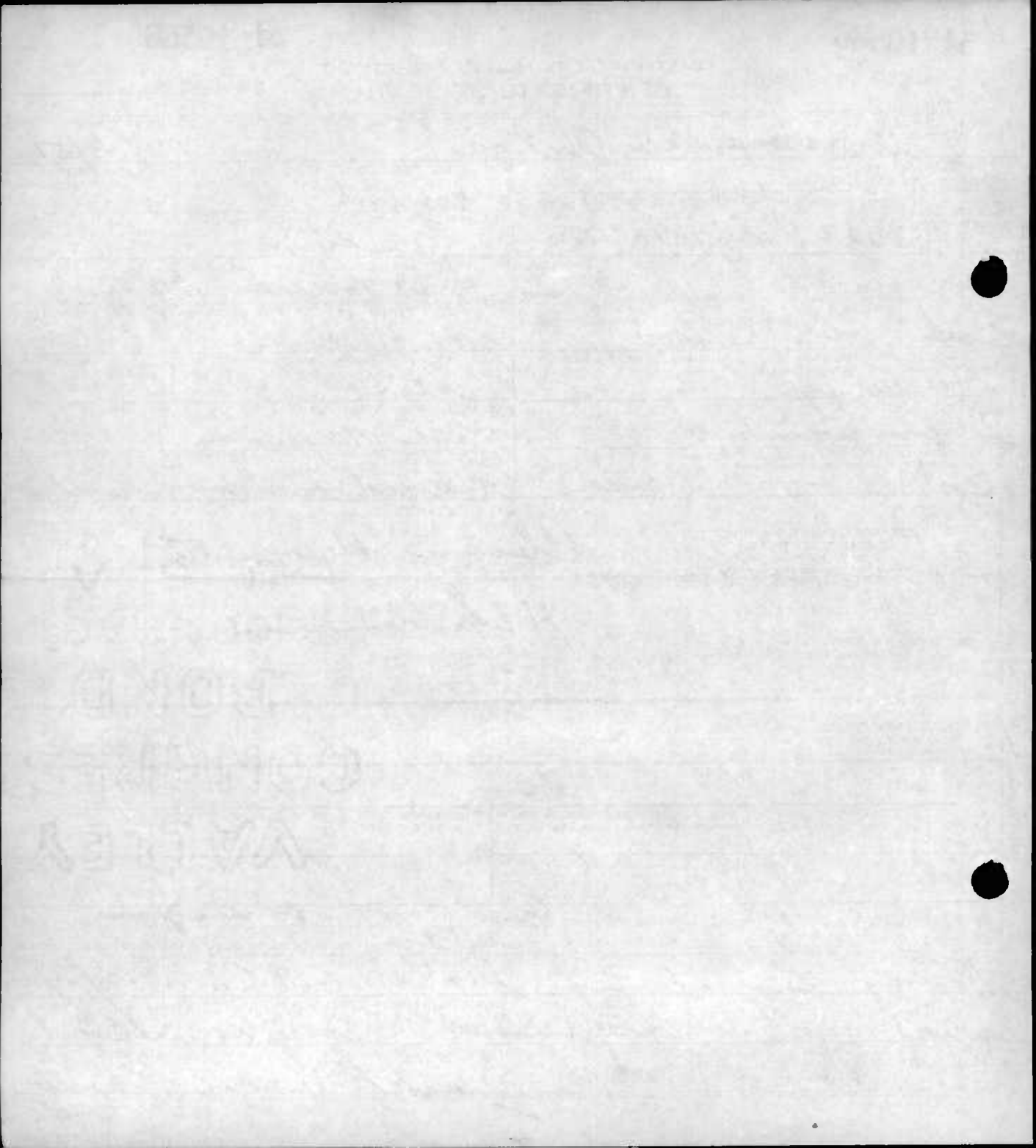
1. NAME OF DECEASED (Type or Print) Angelena Di Antoni		2. DATE OF DEATH 12/4/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 3323 Virginia Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 3323 Virginia Ave		E. ZIP CODE 27-16	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Nov 13 - 1870
9. AGE (In years last birthday) 81	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (State or foreign country) Italy	12. CITIZEN OF WHAT COUNTRY? Italy
13. FATHER'S NAME Stephen Tamburo		14. MOTHER'S MAIDEN NAME Rosa Margula	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. none	
17. INFORMANT Raymond Tamburo		ADDRESS Pikesville, Md	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Chronic Myocarditis	CAUSE OF DEATH Chronic Myocarditis	INTERVAL BETWEEN ONSET AND DEATH 2
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertension	(A) DUE TO (B) DUE TO (C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 12/4/51	19B. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Home
21D. TIME (Month) (Day) (Year) (Hour) 12/4/51	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? Heart failure

22. I hereby certify that I attended the deceased from **Nov 1, 1951** to **12/4, 1951**, that I last saw the deceased alive on **12/4, 1951**, and that death occurred at **5 P. M.**, from the causes and on the date stated above.

23A. SIGNATURE Bruce S. Sander	23B. ADDRESS 2128 W. North Ave	23C. DATE SIGNED 12/5/51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12/5/51	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer
24D. LOCATION (City, town, or county) (State) Baltimore, Md	25. FUNERAL DIRECTOR Frank H. Newell	ADDRESS Pikesville
DATE RECEIVED BY LOCAL REGISTRAR DEC 7 - 1951	REGISTRAR'S SIGNATURE Walter J. Williams	



460
51 10567 JL- 154481BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10567

1. NAME OF DECEASED (Type or Print) Ellen Tyler		2. DATE OF DEATH Dec. 4, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Ma. B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
6. LENGTH OF STAY IN BALTIMORE 30 yrs.		D. STREET ADDRESS (If rural, give location) 1321 Mosher St.	
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH ???
9. AGE (in years last birthday) 80 5 1		10. UNDER 1 Year Months: Days	11. UNDER 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homework - Retired		10B. KIND OF BUSINESS OR INDUSTRY Homework	
11. BIRTHPLACE (State or foreign country) Va.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Thornton Tyler		14. MOTHER'S MAIDEN NAME Caroline Tyler	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT B. C. H. Records, 4940 Eastern Ave.		ADDRESS	
18. 422.1 and 199.8 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Cardio Vascular Disease		INTERVAL BETWEEN ONSET AND DEATH ?	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Probable Carcinomatosis		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec. 4 , 19 51 to Dec. 4 , 19 51 that I last saw the deceased alive on Dec. 4, 1951 and that death occurred at 6.20 PM from the causes and on the date stated above.			
23A. SIGNATURE P. S. Rogers M. D.		23B. ADDRESS 4940 Eastern Ave.	
23C. DATE SIGNED 12-6-51			
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE Dec 10, 1951	
24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State) Charlottesville, Virginia	
DATE RECEIVED BY LOCAL REGISTRAR DEC 7 - 1951		REGISTRAR'S SIGNATURE Thurston Williams, M.D.	
25. FUNERAL DIRECTOR J. O. Mitchell & Sons Inc.		ADDRESS 1900 Entaw Place 93D	

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RECEIVED

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260
51 10568
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10568

1. NAME OF DECEASED
(Type or Print)

Felix A. Leser

2. DATE
OF
DEATH

Dec. 5, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

4403 Bedford Pl.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give
township)

D. STREET ADDRESS (If rural, give location)

4403 Bedford Place

Length of stay in Baltimore

30

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan. 10, 1897

9. AGE (In years
last birthday)

34

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired JOURNALIST SUN PAPER

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Phila. PA.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

OSCAR LESER

14. MOTHER'S MAIDEN NAME

Annette Agnes Leser

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Oscar Leser 4403 Bedford Place

18. E 976 X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Gunshot wound of the head

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

4403 Bedford Place

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Dec. 5, 1951 7:30 P. m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Firearms

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

R S Fisher

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....23C. DATE SIGNED
12/5/5124A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Dec. 7, 1951

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24D. LOCATION (City, town, or county)

Pikesville

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

FUNERAL DIRECTOR

John O. Mitchell & Sons 1900 Eutaw St.

ADDRESS

VS 151

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 10569**

325
51 10569
BIRTH NO.

1. NAME OF DECEASED (Type or Print) MRS. SUSIE A. WATKINS.			2. DATE OF DEATH Dec. 6, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 4311 Springwood Ave			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-01		
D. STREET ADDRESS (If rural, give location) 4311 Springwood Ave			5. SEX Female		
6. COLOR OR RACE White			7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME Wm. Edward Sherman			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO.		
17. INFORMANT Mrs. Joseph Zany			ADDRESS 4311 Springwood Ave		

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) DUE TO		Cerebral Hemorrhage		1 hour	
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE. (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO		5 years	
		Cardio-Vascular Hypertensive Disease			
		(C) DUE TO		5 years	
		Arteriosclerosis			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Diabetes		20 years	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April 19, 1947 , to Dec. 6, 1951 , that I last saw the deceased alive on Dec. 6, 1951 , and that death occurred at 9:45 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE Michael J. Dausch		23B. ADDRESS 4636 Belair Road		23C. DATE SIGNED 12/6/51	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE Dec. 9, 1951		24C. NAME OF CEMETERY OR CREMATORY Howard Chapel	
24D. LOCATION (City, town, or county) (State) Long Conn. Md.		25. FUNERAL DIRECTOR Oliver L. Mohaworth		ADDRESS Amasacus, Md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 7 - 1951		REGISTRAR'S SIGNATURE Arthur J. Williams, Md.			

236
10570BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10570

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CIPORA LICHTER

2. DATE
OF
DEATH

12-7-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

200 No Monastery Ave

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

Md

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

200 No Monastery Ave

C. Length of stay in Baltimore

120

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

9. AGE (In years)

If Under 1 Year

If Under 24 Hours

last birthday

Months: Days

Hours: Min.

83

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, over if retired)

House wife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Allee

14. MOTHER'S M maiden NAME

Nyah

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Rama Cooperman - Same

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arterio-sclerotic heart disease

5 years

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Generalized arterio-sclerosis

20 years

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from

deceased alive on Dec 5, 1951, and that death occurred at 12:30 A.M., from the causes and on the date stated above.

1938 to Dec 7, 1951, that I last saw the

23A. SIGNATURE

Jacob Cohen

M. D.

23B. ADDRESS

1804 Eutan Place

23C. DATE SIGNED

12/7/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12-7-51

24C. NAME OF CEMETERY OR CREMATORY

Serving Run

24D. LOCATION (City, town, or county)

Baltimore, Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Eustace Williams, Md

25. FUNERAL DIRECTOR

Jack Lewis 2100 Eutan Pl

ADDRESS

DEC 7 - 1951

VS 150

937

MEDICAL CERTIFICATION

100-1000

RECEIVED

VALLEY
SCHOOL
BUILDING
FUND

516
1 10571BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10571
Registered No.

1. NAME OF DECEASED (Type or Print) HERMAN WEINBERG		2. DATE OF DEATH 12-6-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md B. COUNTY 15-31	
B. FULL NAME OF HOSPITAL OR INSTITUTION 2710 Longwood St		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 2710 Longwood St		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 74
9. AGE (In years last birthday) 74		10. CITIZEN OF WHAT COUNTRY? U.S.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10B. KIND OF BUSINESS OR INDUSTRY Constable	
11. FATHER'S NAME Simon		12. MOTHER'S MAIDEN NAME Esther	
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		14. SOCIAL SECURITY NO. 162 X	
15. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral carcinoma metastatic DUE TO Pulmonary carcinoma DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		16. INTERVAL BETWEEN ONSET AND DEATH about 6 months about 2 yrs.	
17. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		18. DATE OF OPERATION 0	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION 0	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT, SUICIDE, HOMICIDE (Specify) 0	
22. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 0		23. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 0	
24. TIME (Month) (Day) (Year) (Hour) 0		25. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
26. HOW DID INJURY OCCUR? 0		27. I hereby certify that I attended the deceased from June-14, 1951 , to Dec. 5, 1951 that I last saw the deceased alive on Dec-5-, 1951 , and that death occurred at 2:30 p.m. , from the causes and on the date stated above.	
28. SIGNATURE Dr. Herman Seidel		29. ADDRESS 2404 Eutaw Pl	
30. DATE SIGNED 12/6/51		31. BURIAL, CREMATION, REMOVAL (Specify) Burial	
32. DATE Dec 7, 1951		33. NAME OF CEMETERY OR CREMATORY Wash. Blvd	
34. LOCATION (City, town, or county) Balt.		35. STATE Md.	
36. DATE RECEIVED BY LOCAL REGISTRAR DEC 7 - 1951		37. REGISTRAR'S SIGNATURE Thurston Williams	
38. FUNERAL DIRECTOR Jack Lewis Inc		39. ADDRESS 2100 Eutaw Place	

VS 150

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Seidel

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VALLEY CONGRESSES

256
51 10572BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10572

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
LENA LAUCHEIMER		December 5, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF HOSPITAL OR INSTITUTION Maryland General Hospital		A. STATE Maryland	
C. CITY OR TOWN Baltimore		B. COUNTY	
D. STREET ADDRESS (If rural, give location) 830 Newington Avenue		15-02	
Length of stay in Baltimore 5		Yrs. Mos. Days	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Germany	9. AGE (In years last birthday) 60
13. FATHER'S NAME Emmanuel		14. MOTHER'S MAIDEN NAME Robert	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT Richard Hellman - 3804 Poarmore Ave		ADDRESS	
18. CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			
(A) Skull fracture			
Subdural hemorrhage			
(B) Contusion of brain			
Fracture of T-11			
(C)			
ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
II			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 830 Newington Avenue 13/2	
21D. TIME (Month) (Day) (Year) (Hour) of INJURY November 30, 1951 P.m.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? to ground Apparently fell from third floor window	
I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input checked="" type="checkbox"/> .			
23A. SIGNATURE William Woodth		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....	
23C. DATE SIGNED Dec. 6, 1951			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Dec. 7, 1951	24C. NAME OF CEMETERY OR CREMATORY Alvar Cheseb	24D. LOCATION (City, town, or county) (State) Randallstown Md
DATE RECEIVED BY LOCAL REGISTRAR DEC 7 - 1951	REGISTRAR'S SIGNATURE William Woodth	25. FUNERAL DIRECTOR Jack Lewis	ADDRESS 2100 Eutaw Pl

MEDICAL CERTIFICATION

VS 151

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10701 17

RECEIVED BY THE
UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

10701 17

TO THE DIRECTOR, BUREAU OF LAND MANAGEMENT
FROM THE LAND OFFICE, SALT LAKE CITY
SUBJECT: [Illegible]
[The remainder of the document contains several paragraphs of extremely faint, illegible text, likely a memorandum or report.]

632
51 10573

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10573
Registered No.

1. NAME OF DECEASED (Type or Print) ABRAHAM HURWITZ		2. DATE OF DEATH DECEMBER 6, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 1505	
B. FULL NAME OF HOSPITAL OR INSTITUTION 3706 Nortonia Road		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore 47 Yrs		D. STREET ADDRESS (If rural, give location) 2521 Liberty Heights Ave	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1878
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Poultry Business		10B. KIND OF BUSINESS OR INDUSTRY Retired	9. AGE (In years last birthday) 73
11. BIRTHPLACE (State or foreign country) Russia		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Issac Hurwitz		14. MOTHER'S MAIDEN NAME Mary ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (N)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs Mamie Morris		ADDRESS 4313 Penhurst Ave	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 470.0 I (A) Cardiac Failure DUE TO ANTECEDENT CAUSES (B) Atherosclerosis H. D. DUE TO (C) ? INTERVAL BETWEEN ONSET AND DEATH 1 week ?			
19. DATE OF OPERATION 0			
19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. HOW DID INJURY OCCUR?	
21E. TIME (Month) (Day) (Year) (Hour) OF INJURY		21F. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK	
22. I hereby certify that I attended the deceased from 1949 to Dec. 5, 1951 , that I last saw the deceased alive on Dec. 5, 1951 and that death occurred at 7:30 am. , from the causes and on the date stated above.			
23A. SIGNATURE [Signature]		23B. ADDRESS Indiant at Bay	
23C. DATE SIGNED 12/6/51		24. NAME OF CEMETERY or CREMATORY Beth Namedrosh Hagodol	
24A. BURIAL CREMA- TION, REMOVAL (Specify) Burial		24B. DATE Dec 7, 1951	
24C. LOCATION (City, town, or county) (State) Baltimore Md		25. FUNERAL DIRECTOR Sol Levenson & BRAS	
DATE RECEIVED BY LOCAL REGISTRAR DEC 7 - 1951		REGISTRAR'S SIGNATURE Wilmington Williams, M.D.	
ADDRESS 1126 W North ave		VS 150 2906A 93D	

MAILED
JUN 11 1964
FBI
RECEIVED
JUN 11 1964

520

10574

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10574

1. NAME OF DECEASED (Type or Print) <i>Jones, Amanda</i>		2. DATE OF DEATH <i>12.4.51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto.</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Provident Hospital E.O.R.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto 16-01</i>	
D. STREET ADDRESS (If rural, give location) <i>822 N. Carralton Ave</i>			
5. LENGTH OF stay in Baltimore		6. COLOR OR RACE <i>colored</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>		8. DATE OF BIRTH <i>11-10-1881</i>	
9. AGE (In years, last birthday) <i>70</i>		10. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Unknown</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Mr. Harriet D. Gwinn</i>		ADDRESS <i>822 N. Carralton Ave</i>	

18. *493 X I* CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Pneumonia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *0* 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *12.4.*, 19*51*, to *12.4.*, 19*51*, that I last saw the deceased alive on *12.4.*, 19*51*, and that death occurred at *12 P. m.*, from the causes and on the date stated above.

23A. SIGNATURE *Egoniondakis* M. D. 23B. ADDRESS *Provident Hospital* 23C. DATE SIGNED *12.4.51*

24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 24B. DATE *12-7-51* 24C. NAME OF CEMETERY OR CREMATORY *Mt. Auburn* 24D. LOCATION (City, town, or county) (State) *Baltimore Md*

DATE RECEIVED BY LOCAL REGISTRAR *DEC 7 - 1951* REGISTRAR'S SIGNATURE *William H. Williams* 25. FUNERAL DIRECTOR *Mr. Francis A. Humphrey* ADDRESS *578 W. Biddle*

VS 150

7208A

109B

MEDICAL CERTIFICATION

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 10575
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

PAUL

ADRIANI

2. DATE
OF
DEATH

December 5, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4411 Pimlico Road

E. Length of stay in Baltimore

about 40 years

F. SEX

Male

G. COLOR OR RACE

White

H. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

I. DATE OF BIRTH

June 10, 1883

J. AGE (In years
last birthday)

68

K. If Under 1 Year
Months Days

L. If Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Auto Mechanic

10B. KIND OF BUSINESS OR
INDUSTRY

Garage Owner

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Adriano Adriani

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS

Mrs. Theresa Adriani, 4411 Pimlico Road.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary occlusion

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED
Dec. 6, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

Dec. 10, 1951

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 7 - 1951

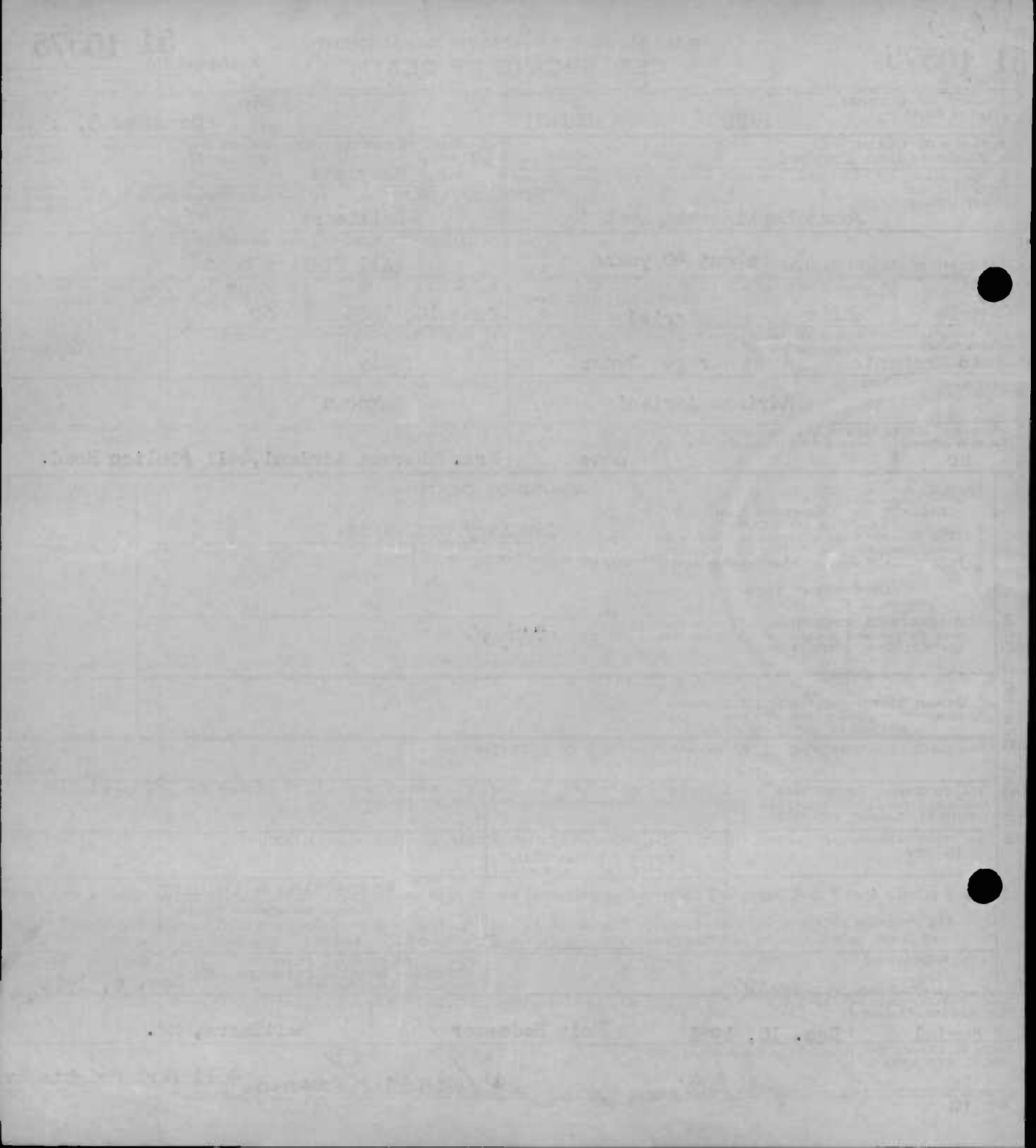
4611 Park Heights Av

VS 151

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94a

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 10576**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Emma Williams

2. DATE
OF
DEATH

DEC 5, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

OSL-4

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE **MARYLAND**

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

7-05

D. STREET ADDRESS (If rural, give location)

1736 E. MADISON ST.

Length of stay in Baltimore **23 yrs.**

5. SEX **FEMALE** 6. COLOR OR RACE **COLORED** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED**

8. DATE OF BIRTH

5-10-23

9. AGE (In years last birthday)

28

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Woodward S. C.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Foster

14. MOTHER'S MAIDEN NAME

Jessie Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. **445X I** CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Malignant hypertension

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

?

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **10-17-1951**, to **12-5-1951**, that I last saw the deceased alive on **12-5-1951**, and that death occurred at **3:45 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE

E. A. White Jr.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

12-5-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12-9-51

24C. NAME OF CEMETERY OR CREMATORY

Winnabow

24D. LOCATION (City, town, or county)

Winnabow S. C.

DATE RECEIVED BY LOCAL REGISTRAR

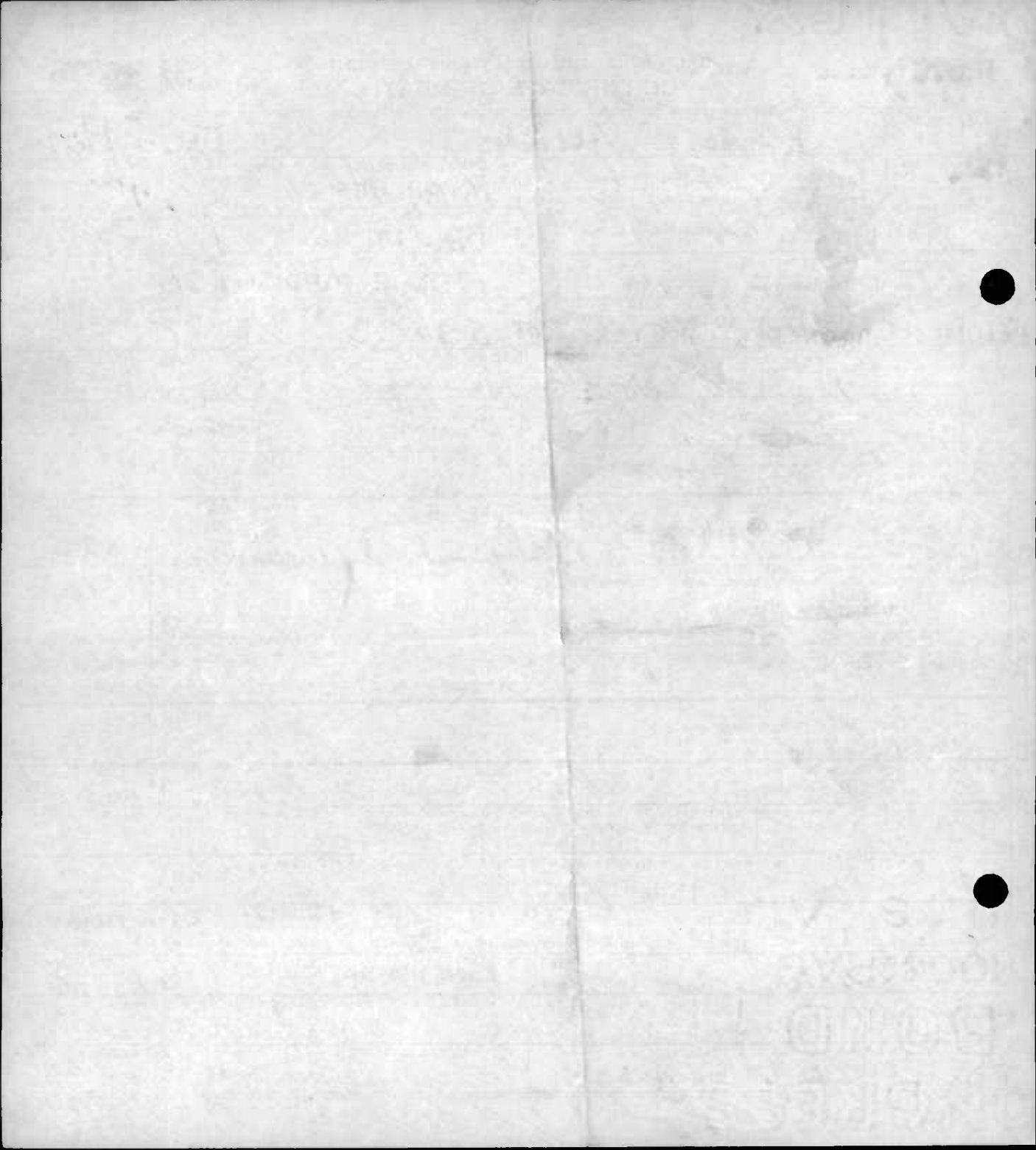
DEC 7 - 1951

REGISTRAR'S SIGNATURE

Winnabow Williams, M.D.

25. FUNERAL DIRECTOR

Elmer A. Wilson 1000 Bently Ave



635
51 10577BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10577

1. NAME OF DECEASED (Type or Print) Hattie Morton		2. DATE OF DEATH 12/3/1951	
3. PLACE OF DEATH: a. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Maryland b. COUNTY 12-04	
b. FULL NAME OF HOSPITAL OR INSTITUTION 2308 Barkley Street		c. CITY OR TOWN (If outside corporate limits, with rural and give township) Baltimore	
d. Length of stay in Baltimore 58 Yrs.		d. STREET ADDRESS (If rural, give location) 2308 Barkley Street	
5. SEX Female	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan-21-1898
9. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10a. KIND OF BUSINESS OR INDUSTRY At Home	9. AGE (In years last birthday) 53	10. CITIZEN OF WHAT COUNTRY? U.S.A.
11. BIRTHPLACE (State or foreign country) Annapolis Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Josephine Blackstone	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT John Morton		ADDRESS 2308 Barkley Street	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinomatous (abdominal) DUE TO INTERVAL BETWEEN ONSET AND DEATH 8 mos. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19a. DATE OF OPERATION 12/3/51		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 7/19/51 to 12/3/51 , that I last saw the deceased alive on 12/3/51 , and that death occurred at 11 P. M. , from the causes and on the date stated above.			
23a. SIGNATURE Dr. J. L. Williams		23b. ADDRESS 5117 N. Schaefer St.	
23c. DATE SIGNED 12/6/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/7/1951	
24c. NAME OF CEMETERY OR CREMATORY Pleasant Rest Cem.		24d. LOCATION (City, town, or county) (State) Towson Md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 7 - 1951		REGISTRAR'S SIGNATURE W. H. Williams	
FUNERAL DIRECTOR Thoy S. Wilson		ADDRESS 1000 Brantly Ave	

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51 10578

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10578

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELLEN

LEE

2. DATE
OF
DEATH December 4, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

717 W. Franklin Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

717 W. Franklin Street

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

April 11/1883 68

9. AGE (In years
last birthday)10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

domestic

10B. KIND OF BUSINESS OR
INDUSTRY

Private

11. BIRTHPLACE (State or foreign country)

West River, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Phillip White

14. MOTHER'S MAIDEN NAME

Sarah Cole

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

Estelle Hellerbro - 661 W. Fayette St.

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Hypertensive arteriosclerotic cardio-
vascular disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

2. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William Upchurch

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....23C. DATE SIGNED
Dec. 4, 195124A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

12-8-51

24C. NAME OF CEMETERY-OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

W. Halstead - 918 - ✓

VS 151

7208A

Shirley Hill Ave. 93D

620
51 10579BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 10579

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LEONA

BROOKS

2. DATE
OF DEATH December 3, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

1104 Harlem Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

1104 Harlem Avenue

Length of stay in Baltimore

57 Years

Yrs.
Mos.
Days

SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug. 28, 1894

9. AGE (in years
last birthday)

57

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

Pot. Family

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Henry Garrison

14. MOTHER'S MAIDEN NAME

Amelia Handy

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS 1104

Mrs. Hilda Batter Harlem Ave.

18. 465X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Pulmonary embolus

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

m.

21E. INJURY OCCURRED

WHILE AT ☐NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

2. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Smith

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....23C. DATE SIGNED
Dec. 4, 195124A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Dec. 7, 1951

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

DEC 7 - 1951

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Holland Funeral Home
1631 Daniel Hill Ave.

1001-12

000
1 10580

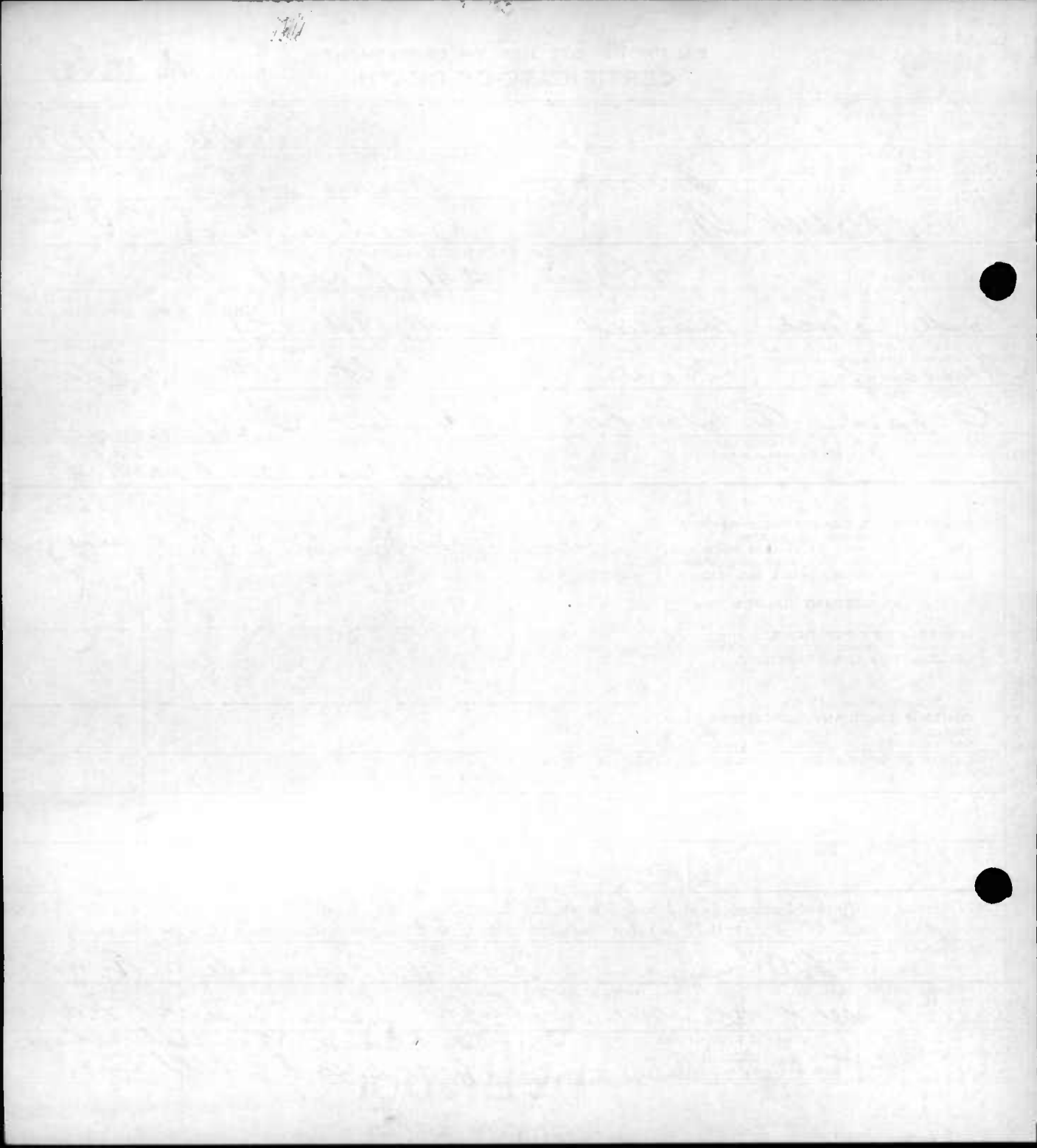
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10580

1. NAME OF DECEASED (Type or Print) <i>Nateen J. Lee</i>		2. DATE OF DEATH <i>Dec. 3 1951</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution / residence before admission) a. STATE <i>Maryland</i> b. COUNTY <i>Baltimore</i>	
b. FULL NAME OF (If not in hospital or institution, give street address or location) <i>251 Robert St.</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
d. STREET ADDRESS (If rural, give location) <i>251 Robert St.</i>		e. LENGTH OF stay in Baltimore <i>45 years</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Jan. 14, 1906</i>
9. AGE (In years last birthday) <i>51</i>		10. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Home</i>	
11. BIRTHPLACE (State or foreign country) <i>Worfolk, Va</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Richard A. Tucker</i>		14. MOTHER'S MAIDEN NAME <i>Josephine Williams</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>George J. Lee 251 Robert St.</i>	

MEDICAL CERTIFICATION

18. <i>591X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Chc. Parenchymatous Nephritis</i>		CAUSE OF DEATH (A) <i>Chc. Parenchymatous Nephritis</i> DUE TO		INTERVAL BETWEEN ONSET AND DEATH <i>Several years</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <i>-</i> DUE TO		(C) <i>-</i>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION <i>none</i>		19b. MAJOR FINDINGS OF OPERATION <i>-</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Nov 19</i> , 1951, to <i>Dec 3</i> , 1951, that I last saw the deceased alive on <i>Dec 2</i> , 1951, and that death occurred at <i>6 a.</i> m., from the causes and on the date stated above.					
23a. SIGNATURE <i>H. P. J. Hughes</i>		23b. ADDRESS <i>825 N. Fremont Ave</i>		23c. DATE SIGNED <i>12-4-51</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Dec. 7, 1951</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Mt. Auburn</i>	
24d. LOCATION (City, town, or county) (State) <i>Baltimore Md.</i>		24e. NAME OF FUNERAL DIRECTOR <i>W. L. Smith</i>		24f. ADDRESS <i>1631 Druid Hill Ave.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 7 - 1951</i>		REGISTRAR'S SIGNATURE <i>W. L. Smith</i>		25. FUNERAL DIRECTOR'S ADDRESS <i>1631 Druid Hill Ave.</i>	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 10581

Registered No. _____

324
51 10581
BIRTH NO.

1. NAME OF DECEASED (Type or Print) MARY STICKLER		2. DATE OF DEATH Dec. 5, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 209 E. Lafayette Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 209 E. Lafayette Avenue		12-05	
5. SEX female		6. COLOR OR RACE white	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 23, 1918	
9. AGE (In years last birthday) 33		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	
11. BIRTHPLACE (State or foreign country) Brooklyn, New York		12. CITIZEN OF WHAT COUNTRY? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
13. FATHER'S NAME John Augan		14. MOTHER'S MAIDEN NAME unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none	
17. INFORMANT Earl Stickler, 209 E. Lafayette Avenue		ADDRESS	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary tuberculosis		INTERVAL BETWEEN ONSET AND DEATH 5 years
CAUSE OF DEATH (A) Pulmonary tuberculosis DUE TO		
ANTECEDENT CAUSES (B) _____ DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Dec. 20, 1950**, to **Dec. 5, 1951**, that I last saw the deceased alive on **Dec. 5, 1951**, and that death occurred at **10:00 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE Benjamin J. Siegel		23B. ADDRESS 15 Greenwood Rd		23C. DATE SIGNED Dec. 5, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/8/51		24C. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery	
24D. LOCATION (City, town, or county) Baltimore, Maryland		25. FUNERAL DIRECTOR Wm. Cook, Inc			
DATE RECEIVED BY LOCAL REGISTRAR DEC 7 - 1951		REGISTRAR'S SIGNATURE William Williams		ADDRESS 1217 St. Paul Street	

1941-42

STATE OF NEW YORK

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635
51 10582BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10582
Registered No.

BIRTH NO.

1. NAME OF DECEASED

(Type or Print)

BENJAMIN RICHARD

GARDNER

2. DATE
OF
DEATH

December 6, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Maryland General Hospital

Yrs.
Mos.
Days

Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1618 Eutaw Place

SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Jan. 15, 1919

9. AGE (in years
last birthday)

32

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Manager

10B. KIND OF BUSINESS OR
INDUSTRY

Leo Light Salvage Shop

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Benjamin H. Gardner

14. MOTHER'S MAIDEN NAME

Sylvania Minnicks

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Pat Hazel Gardner, 1618 Eutaw Place

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Pulmonary tuberculosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Emaciation

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

2. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Dec. 6, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

removal

24B. DATE

12/7/51

24C. NAME OF CEMETERY OR CREMATORY

Andover Cemetery

24D. LOCATION (City, town, or county)

Andover,

Virginia

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 7 - 1951

Wm. Cook, Inc.,

1217 St. Paul Street

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 10583**

140
51 10583

1. NAME OF DECEASED (Type or Print) Jennie Goebel		2. DATE OF DEATH December 6, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Good Samaritan Nursing Home 27 N. Carey Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. Length of stay in Baltimore		E. STREET ADDRESS (If rural, give location) 2004 N. Charles Street	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Feb. 2, 1871
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) 80
13. FATHER'S NAME ?		11. BIRTHPLACE (State or foreign country) Pennsylvania	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY? ?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME ?	
17. INFORMANT Jack Goebel, 2204 Greenmount Avenue		ADDRESS	

18. 170X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Ca of heart DUE TO		INTERVAL BETWEEN ONSET AND DEATH many years
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 1951 , to Dec. 4, 1951 that I last saw the deceased alive on Dec 4, 1951 and that death occurred at 5 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Samuel X...		23B. ADDRESS 1422 Park Ave		23C. DATE SIGNED 12/15/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 12/8/51		24C. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery	
24D. LOCATION (City, town, or county) Baltimore, Maryland		24E. NAME OF CEMETERY OR CREMATORY Baltimore, Maryland		24F. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR DEC 7 - 1951		REGISTRAR'S SIGNATURE Wm. Cook, Inc.		25. FUNERAL DIRECTOR Wm. Cook, Inc., 1217 St. Paul Street	

MEDICAL CERTIFICATION

STOCK

NEW YORK

October 1900

STOCK

AMERICAN

THE AMERICAN
STOCK EXCHANGE
NEW YORK

300
10584
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51-10584

1. NAME OF DECEASED (Type or Print) GERARD A. VOITH		2. DATE OF DEATH December 6, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 16 W. Mt. Vernon Place		E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 7, 1897
9. AGE (In years last birthday) 54		10. If Under 1 Year Months: _____ Days: _____	11. If Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance Advisor		10B. KIND OF BUSINESS OR INDUSTRY State of Md.	
11. BIRTHPLACE (State or foreign country) Balto. Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Anthony Voith		14. MOTHER'S MAIDEN NAME Maria Pratzman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO. W. W. #1	
17. INFORMANT Ecclia V. Voith		ADDRESS 16 W. Mt. Vernon Place	
18. 420-1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary thrombosis (A) _____ DUE TO _____ ANTECEDENT CAUSES (B) _____ DUE TO _____ DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE William V. Lovett		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....	
23C. DATE SIGNED Dec. 6, 1951			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/10/51	
24C. NAME OF CEMETERY OR CREMATORY U. S. National Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR DEC 7 - 1951		REGISTRAR'S SIGNATURE Wm. Cook, Inc.	
25. FUNERAL DIRECTOR Wm. Cook, Inc.		ADDRESS 1217 St. Paul Street	

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10585

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MAE THOMAS			2. DATE OF DEATH 12-5-51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MARYLAND B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION MARYLAND GENERAL HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		
6. Length of stay in Baltimore 56 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2600 CREIGHTON AVE. #14		
7. SEX F	8. COLOR OR RACE W	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	10. DATE OF BIRTH 1-9-1895	11. AGE (In years last birthday) 56	12. Under 1 Year Months: Days 13. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME Andrew George			11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO			16. SOCIAL SECURITY NO.		
17. INFORMANT Norman F. Thomas - Baltimore			ADDRESS.		

CAUSE OF DEATH

18. **175X I**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Intestinal Obstruction**
DUE TO **carcinomatosis**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Uremia secondary to**
DUE TO **carcinomatosis**

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 10-18-51		19B. MAJOR FINDINGS OF OPERATION Papillary cystadenocarcinoma, pseudomucinous, both ovaries		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **11-24-**, 1951, to **12-5-**, 1951, that I last saw the deceased alive on **12-4-**, 1951, and that death occurred at **1:10P** m., from the causes and on the date stated above.

23A. SIGNATURE
William J. Fetter M. D.
23B. ADDRESS
Md. General Hospital
23C. DATE SIGNED
12-5-51

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12/8/51	24C. NAME OF CEMETERY OR CREMATORY Parkwood	24D. LOCATION (City, town, or county) (State) Taylor Ave Md
DATE RECEIVED BY LOCAL REGISTRAR DEC 7 - 1951		REGISTRAR'S SIGNATURE Mildred J. Blight	
25. FUNERAL DIRECTOR Mildred J. Blight		ADDRESS 6009 Harford Rd	

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10586
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Esther Catherine Scott			2. DATE OF DEATH 12/5/51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived if institution; residence before admission) A. STATE MD. B. COUNTY Ba 1 to.		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Unio. Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ba 1 to.		
Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 871 Mirabeau St.		
5. SEX F	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH JUNE 8-1904		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COOK			9. AGE (in years last birthday) 47		
10B. KIND OF BUSINESS OR INDUSTRY RESTURANT			11. BIRTHPLACE (State or foreign country) BALTO. MD.		
13. FATHER'S NAME BENJAMIN SCOTT			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO. No		
17. INFORMANT Rec. Room Records			ADDRESS		

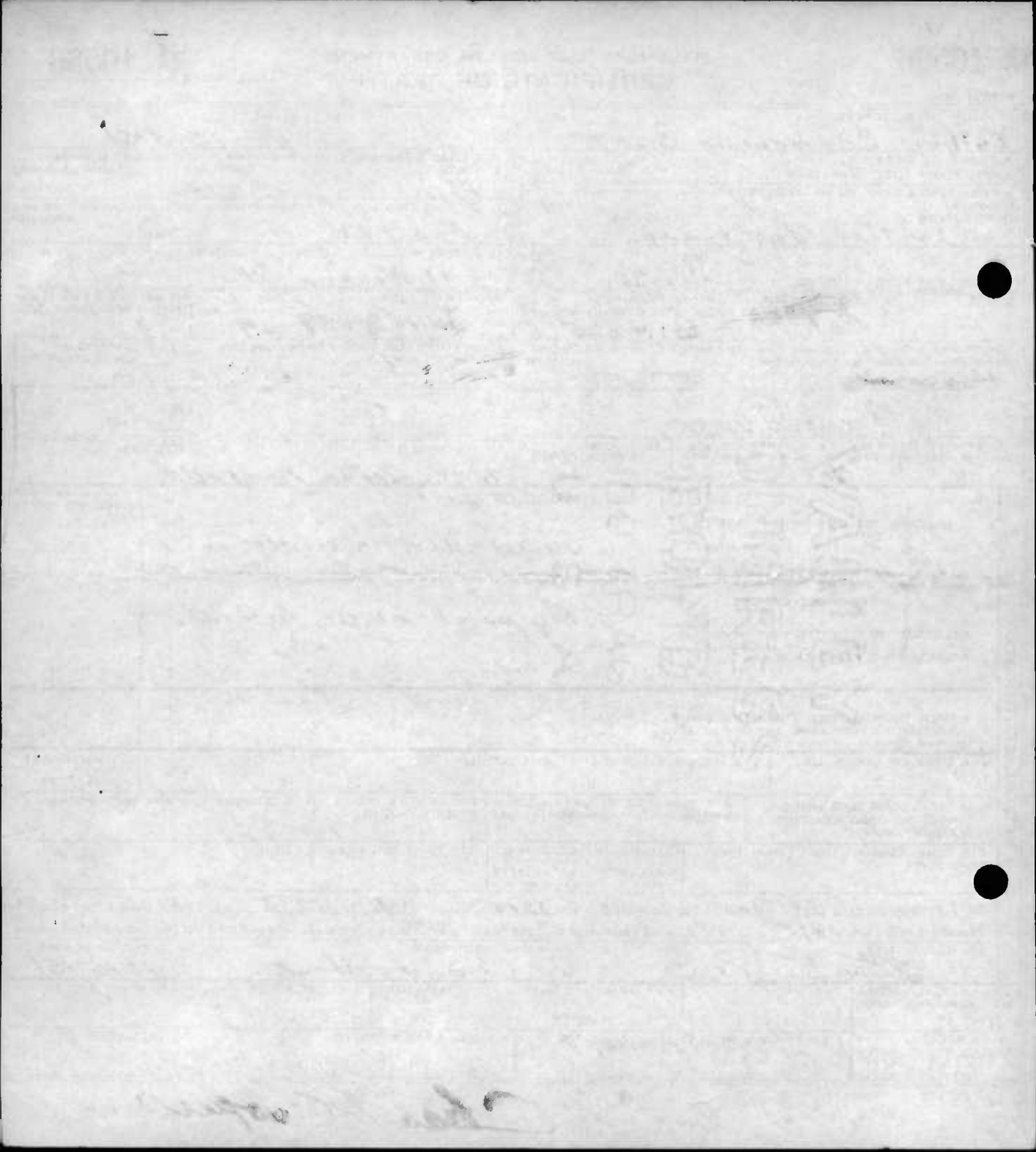
18. 442x	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) SUBARACHNOID HEM.		
DUE TO		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive B.U.D.		
DUE TO		
(C)		

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 7	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **12/4**, 19**51**, to **12/5**, 19**51**, that I last saw the deceased alive on **12/5**, 19**51**, and that death occurred at **12:45** m., from the causes and on the date stated above.

23A. SIGNATURE [Signature]		23B. ADDRESS Univ. Hosp.		23C. DATE SIGNED 12/5/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 12/8/51		24C. NAME OF CEMETERY OR CREMATORY MT. AUBURN CEMETERY	
DATE RECEIVED BY LOCAL REGISTRAR DEC 7 - 1951		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR CHARLES G. COOPER-512 CARROLLTON AV.	

754-611 **Chas. G. Cooper** 937



600

51 10587

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10587

1. NAME OF DECEASED (Type or Print) LOUISE BOYER			2. DATE OF DEATH 12/5/51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE		
B. FULL NAME OF HOSPITAL OR INSTITUTION 1737 ASHBURTON STREET			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		
D. STREET ADDRESS (If rural, give location) 1737 ASHBURTON STREET			E. LENGTH OF STAY IN BALTIMORE 50yrs		
5. SEX F	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 5/3/1884		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			9. AGE (In years last birthday) 67		
10B. KIND OF BUSINESS OR INDUSTRY Domestic			11. BIRTHPLACE (State or foreign country) Chestertown		
13. FATHER'S NAME John Comegys			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			14. MOTHER'S MAIDEN NAME Laura V. Brown		
16. SOCIAL SECURITY NO. None			17. INFORMANT ADDRESS Laura Jackson-1737 Ashburton St.		
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Coronary Heart Disease ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertension Myocardial Infarction II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					INTERVAL BETWEEN ONSET AND DEATH 9 3 8
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12-1 , 19 51 , to 12-5 , 19 51 , that I last saw the deceased alive on 12-5 , 19 51 , and that death occurred at 9p m., from the causes and on the date stated above.					
23A. SIGNATURE Charles J. Wood		23B. ADDRESS 861 Park Ave		23C. DATE SIGNED 12-7-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/8/51		24C. NAME OF CEMETERY OR CREMATORY Mt. Zion Cemetery	
24D. LOCATION (City, town, or county) (State) Balto. County, Md.		25. FUNERAL DIRECTOR Chas. Horner Paula Horner			
DATE RECEIVED BY LOCAL REGISTRAR DEC 7 - 1951		REGISTRAR'S SIGNATURE William H. Williams, M.D.			

VALLEY
CONGRESS
BUND
100% AG
U. S. A.

565
51 10588BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10588

BIRTH NO.			2. DATE OF DEATH 6 Dec '51		
1. NAME OF DECEASED (Type or Print) Lola B. Zimmerman			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Frederick		
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Union Memorial Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Frederick		
Length of stay in Baltimore 28 ^{Yes} No Days			D. STREET ADDRESS (If rural, give location) 320 E. Third St. 6011		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct 12, 1879	9. AGE (In years last birthday) 72	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife			11. BIRTHPLACE (State or foreign country) Virginia		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Christopher Grim			14. MOTHER'S MAIDEN NAME Susan Shoemaker		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Patient			ADDRESS above		
18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Saddle embolus to distal aorta TO BOTH COMMON ILLIAC ARTERIES (B) Hypertensive cardiovascular disease DUE TO (C) Generalized arteriosclerosis INTERVAL BETWEEN ONSET AND DEATH					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov 8 , 19 51 , to Dec 6 , 19 51 , that I last saw the deceased alive on Dec 6 , 19 51 , and that death occurred at 3:50 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Alfred S. Nelson		23B. ADDRESS Baltimore, E. Maryland		23C. DATE SIGNED Dec 6, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12-9-1951		24C. NAME OF CEMETERY OR CREMATORY Mt. Olivet	
24D. LOCATION (City, town, or county) Frederick, Md.		24E. FUNERAL DIRECTOR M.R. Etchison & Son		24F. ADDRESS Frederick, Md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 7 - 1951		REGISTRAR'S SIGNATURE W. H. Williams, Jr.		25. FUNERAL DIRECTOR M.R. Etchison & Son	

85001

10001



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10589

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Raymond B. Barnhart

2. DATE
OF
DEATH

December 6, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Lutheran Hospital of Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

Zone 7

D. STREET ADDRESS (If rural, give location)

3492 Hillsmere Rd.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

February 23, 1908 43yrs

9. AGE (in years last birthday)

10 Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Plant Supervisor

10B. KIND OF BUSINESS OR INDUSTRY

Automotive Equipment

11. BIRTHPLACE (State or foreign country)

Leitersburg, Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

S.D. Barnhart

14. MOTHER'S MAIDEN NAME

Annie M. Grimes

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Bartho. 7.

Mrs. Esther Barnhart, 3492 Hillsmere Rd.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Cardiac Respiratory failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B) Posterior - Lateral Embolism

DUE TO

(C) Thrombosis

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1951, to 6 Dec, 1951, that I last saw the deceased alive on 1 Dec, 1951, and that death occurred at 8:00 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

4602 Edmondson Ave

7 Dec 51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 9, 1951

24C. NAME OF CEMETERY OR CREMATORY

Greenhill Cemetery

24D. LOCATION (City, town, or county)

Waynesboro, Penna.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

[Faint, illegible text, likely bleed-through from the reverse side of the page]

300
51 10590BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10590
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LIZZIE WOODROW JETT

2. DATE
OF
DEATH

Dec. 6, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3006 Belmont Ave.

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, give RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3006 Belmont Ave.

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

B. DATE OF BIRTH

Jan. 19, 1862

9. AGE (in years
last birthday)

89

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Delaware

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Bangs

14. MOTHER'S MAIDEN NAME

Anna Killingsworth

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

no

17. INFORMANT

ADDRESS

Mr. E. K. Jett - 3333 N. Charles St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cardio Vascular Disease
advanced arterio sclerosisabout
1 yr.
P

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORKNOT WHILE
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 24, 1951, to Dec 6, 1951, that I last saw the
deceased alive on Dec 5, 1951, and that death occurred at 39 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/8/51

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county) (State)

Pikesville, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

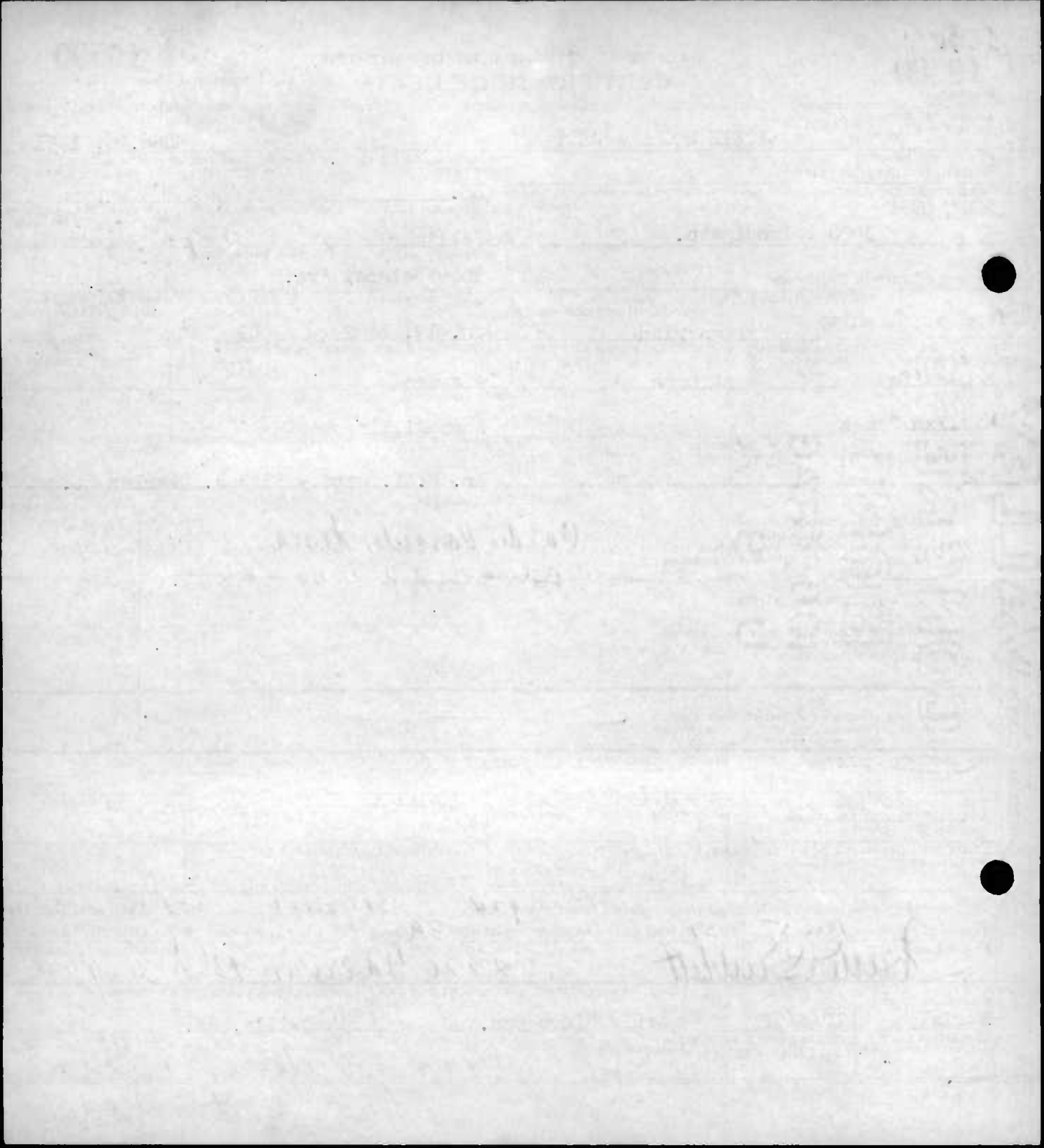
25. FUNERAL DIRECTOR

ADDRESS

DEC 7 - 1951

Wm. J. Pickens & Sons

933 Balto, Md.



CERTIFICATE CORRECTED 12-12-51

365
51 10591

51 10591

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

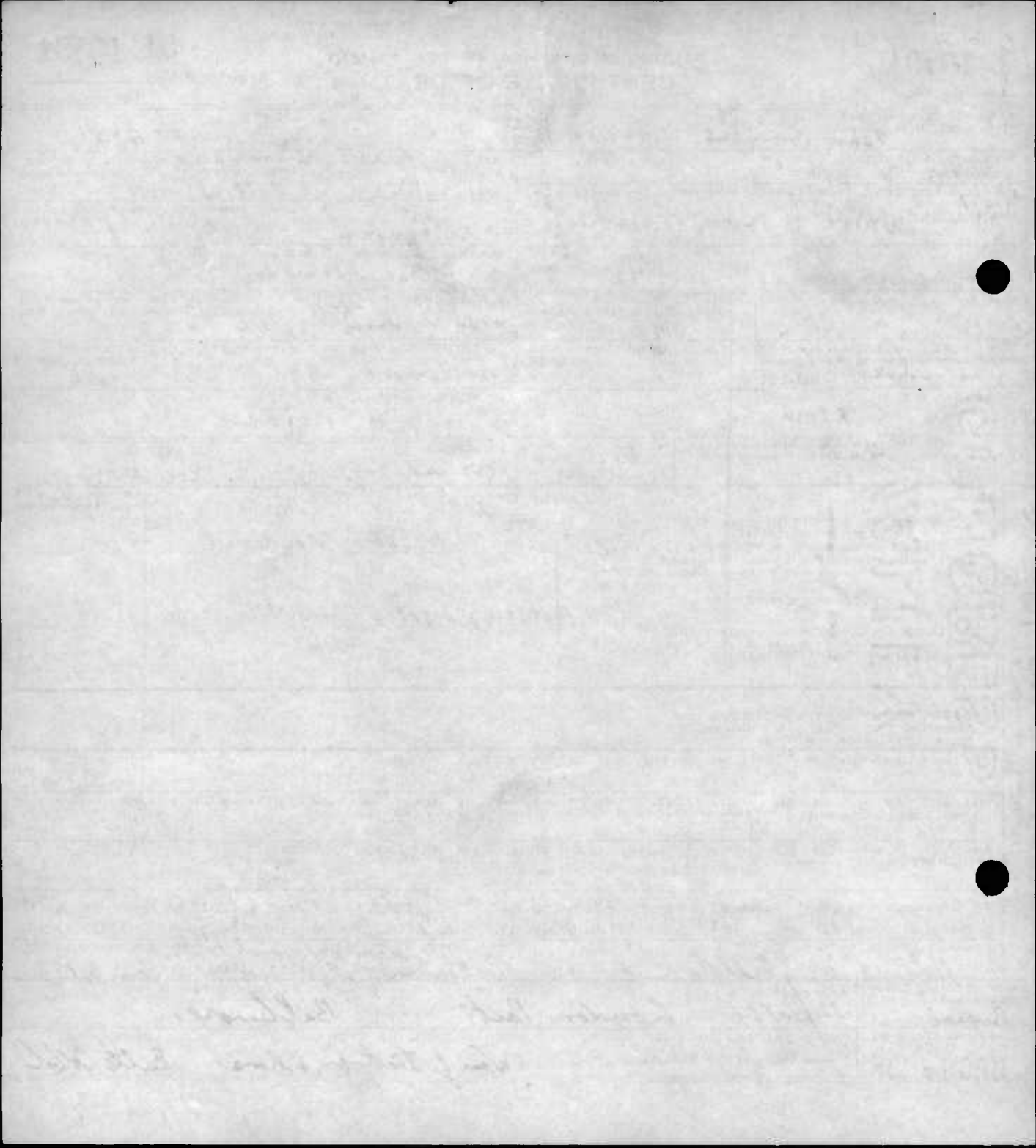
Registered No. _____

BIRTH NO. _____		1. NAME OF DECEASED (Type or Print) John (Seifert) Strine, Jr.		2. DATE OF DEATH 12-6-51	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Maryland b. COUNTY Baltimore			
b. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Union Memorial Hospital		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 9-67			
c. Length of stay in Baltimore 48 Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) 2816 The Alameda			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 1903 Nov. 30, (1902)	9. AGE (In years last birthday) 48	10. Under 1 Year Months: Days: Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) (Cab--Driver) Chauffeur TAXI		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME John S. Strine, Sr.		14. MOTHER'S MAIDEN NAME Mary M. Reineck	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 213-30-6552		17. INFORMANT ADDRESS (Same as) Mrs. Regina M. Strine-3816 The	
18. 420.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Vascular Accident DUE TO Arteriosclerotic Heart disease DUE TO Antecedent Causes DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION 2		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12-2 , 1951, to 12-6 , 1951, that I last saw the deceased alive on 12-6 , 1951, and that death occurred at 3:10 P.m. , from the causes and on the date stated above.					
23a. SIGNATURE Alfred S. Nelson		23b. ADDRESS Union Memorial Hosp Baltimore, Md		23c. DATE SIGNED Dec 6, 1951	
24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/10/51		24c. NAME OF CEMETERY OR CREMATORY Loydson Park	
24d. LOCATION (City, town, or county) Baltimore		24e. DATE RECEIVED BY LOCAL REGISTRAR DEC 7 - 1951		24f. REGISTRAR'S SIGNATURE Harriet Ann Williams, M.D.	
24g. FUNERAL DIRECTOR Wm J. Tiedgen & Sons		24h. ADDRESS Balt 266		24i. VS 150	

MEDICAL CERTIFICATION

68254

93)



523

1 10592

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10592

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)E.S.
JAMES LANSDALE2. DATE
OF
DEATH

DEC 3 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

OSL 6

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORE

D. STREET ADDRESS (If rural, give location)

274 N. HILTON ST.

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

9-6-75

9. AGE (In years
last birthday)

76

10. Under 1 Year
Months11. Under 24 Hours
Hours10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Elevator Operator

10B. KIND OF BUSINESS OR
INDUSTRY

? VALENCIA THEATRE

11. BIRTHPLACE (State or foreign country)

Maryland - BALTO

12. CITIZEN OF
WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

? FRANCIS ASBURY LANSDALE

14. MOTHER'S MAIDEN NAME

Harriett Morrow

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

214-01-7022

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)(A) Cerebral Hemorrhage with
L. Hemiplegia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Hypertensive Cardiovascular
Disease

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

1 1/2 days

Unknown

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

No Accident

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐ WORKNOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-2-1951, to 12-3-1951, that I last saw the
deceased alive on 12-3-1951, and that death occurred at 11:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Thomas E. Van Metre Jr.

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

7 Dec 51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/7/51

24C. NAME OF CEMETERY OR CREMATORY

LORRAINE CEM

24D. LOCATION (City, town, or county)

WOODLAWN, MD

(Signe)

DATE RECEIVED BY
LOCAL REGISTRAR

DEC 7 - 1951

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Wm. J. Tichener & Sons

ADDRESS

Batto 17, Md 93D

James A. Harrison, Jr.

100-100000

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 10593**

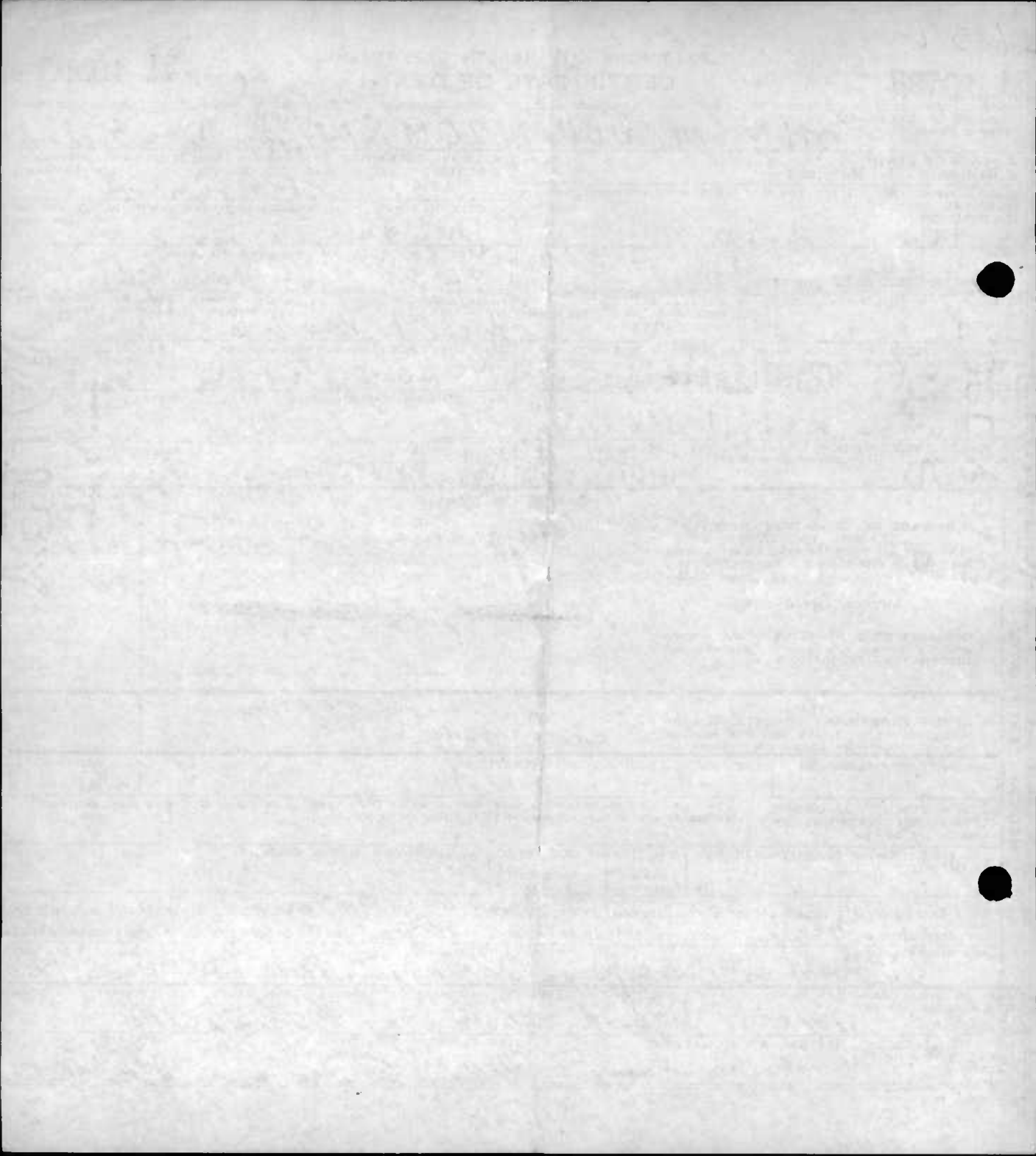
652
51 10593

1. NAME OF DECEASED (Type or Print) JOHN MINOR MOURING		2. DATE OF DEATH Dec. 5, 1951	
3. PLACE OF DEATH A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MD. B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Univ. Hosp.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Dundalk, 22 5200	
D. STREET ADDRESS (If rural, give location) 7038 Dundalk Rd.			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH Aug 13, 1885
9. AGE (In years last birthday) 66		10. UNDER 1 Year Months: Days	
11. UNDER 24 Hours Hours: Min.			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheet Metal		10B. KIND OF BUSINESS OR INDUSTRY Sheet Metal	
11. BIRTHPLACE (State or foreign country) Newport News, Va		12. CITIZEN OF WHAT COUNTRY? U. S.	
13. FATHER'S NAME Thomas Revell Mouring		14. MOTHER'S MAIDEN NAME ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 216-10-1979	
17. INFORMANT John M. Mouring, Jr.		ADDRESS Same as deceased	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH 17 hrs.	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Epilepsy			
19A. DATE OF OPERATION 2/1		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec. 5, 1951 to Dec 5, 1951 , that I last saw the deceased alive on Dec 5, 1951 and that death occurred at 7:00 p.m. , from the causes and on the date stated above.			
23A. SIGNATURE Robert A. Moore, Jr.		23B. ADDRESS University Hospital	
23C. DATE SIGNED Dec 5, 1951			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/8/51	
24C. NAME OF CEMETERY OR CREMATORY Oak Lawn		24D. LOCATION (City, town, or county) (State) Calgate Md	
DATE RECEIVED BY LOCAL REGISTRAR DEC 7 - 1951		REGISTRAR'S SIGNATURE Walter J. Williams	
25. FUNERAL DIRECTOR Walter J. Williams		ADDRESS 2112 Dundalk Rd	

MEDICAL CERTIFICATION

5913A

94a



536

CERTIFICATE CORRECTED 12-11-51

51 10594

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 10594

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HENRY-J-ZANDER

2. DATE
OF
DEATH

Dec 4-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md

B. FULL NAME OF (If not in hospital or institution, give street address or location)

2836 Lake Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto

8-01

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2836 Lake Ave

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov 14-1893

9. AGE (In years

last birthday)

58

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Clothing Cutter

10B. KIND OF BUSINESS OR

INDUSTRY

Marrest Co

11. BIRTHPLACE (State or foreign country)

Balto

12. CITIZEN OF

WHAT COUNTRY?

13. FATHER'S NAME

Henry Zander

c. l. o. t. n. 179

14. MOTHER'S MAIDEN NAME

Fredricka Krause

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

First World

16. SOCIAL

SECURITY NO.

216-09-962

17. INFORMANT

Mrs Mabel Zander 2836 Lake

ADDRESS

18. 470.1

CAUSE OF DEATH

INTERVAL BETWEEN

ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary Thrombosis

15 minutes

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Cardio-Renal-Vascular Disease

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 14, 1950, to Dec. 4, 1951 that I last saw the deceased alive on Dec 4, 1951, and that death occurred at 8:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

J. H. Wilson

M. D.

23B. ADDRESS

617 W 40th St

23C. DATE SIGNED

12-5-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec 8-51

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Balto Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

DEC 7 - 1951

REGISTRAR'S SIGNATURE

Thurston Williams

25. FUNERAL DIRECTOR

Joseph Herr & Son

ADDRESS

69046 3001 Kentucky Ave
131a

1375380

touch

Stalling

456
51 10595
BIRTH NO. 51-29116

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10595

Registered No.

1. NAME OF DECEASED (Type or Print) <i>Baby Boy ZELLNER</i>		2. DATE OF DEATH <i>12/5/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Lutheran Hosp.</i>		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Howard</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Lutheran Hosp.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Ellicott City, Md.</i>	
Length of stay in Baltimore <i>36 hrs.</i>		D. STREET ADDRESS (If rural, give location) <i>26 St. Paul Street 6200</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>12/4/51</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>none</i>	9. AGE (In years; last birthday) <i>26</i>
13. FATHER'S NAME <i>Harry Zellner</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		14. MOTHER'S MAIDEN NAME <i>Lathia Zellner</i>	
16. SOCIAL SECURITY NO. <i>none</i>		11. BIRTHPLACE (State or foreign country) <i>Luth. Hosp., Baltimore Md.</i>	
		10. INFORMANT <i>Harry Zellner, Ellicott City, Md.</i>	

CAUSE OF DEATH

18. <i>762.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>(A) Anoxic anoxia</i>	INTERVAL BETWEEN ONSET AND DEATH <i>36 hrs.</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>(B)</i>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>(C) Ruptured Spleen</i>	

19A. DATE OF OPERATION <i>12/5/51</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *12/4*, 1951, to *12/5*, 1951, that I last saw the deceased alive on *12/5*, 1951, and that death occurred at *11:00* p.m., from the causes and on the date stated above.

23A. SIGNATURE *H. Weyman* M. D. 23B. ADDRESS *Lutheran Hosp.* 23C. DATE SIGNED *12/9/51*

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>12/7/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>St. John's Lutheran Cemetery, Piffers Corner, Md.</i>	24D. LOCATION (City, town, or county) (State) <i>Ellicott City, Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 7 - 1951</i>	REGISTRAR'S SIGNATURE <i>W. H. Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Easton Sons, Ellicott City, Md.</i>	

THE UNIVERSITY OF CHICAGO
LIBRARY OF THE DIVISION OF THE PHYSICAL SCIENCES

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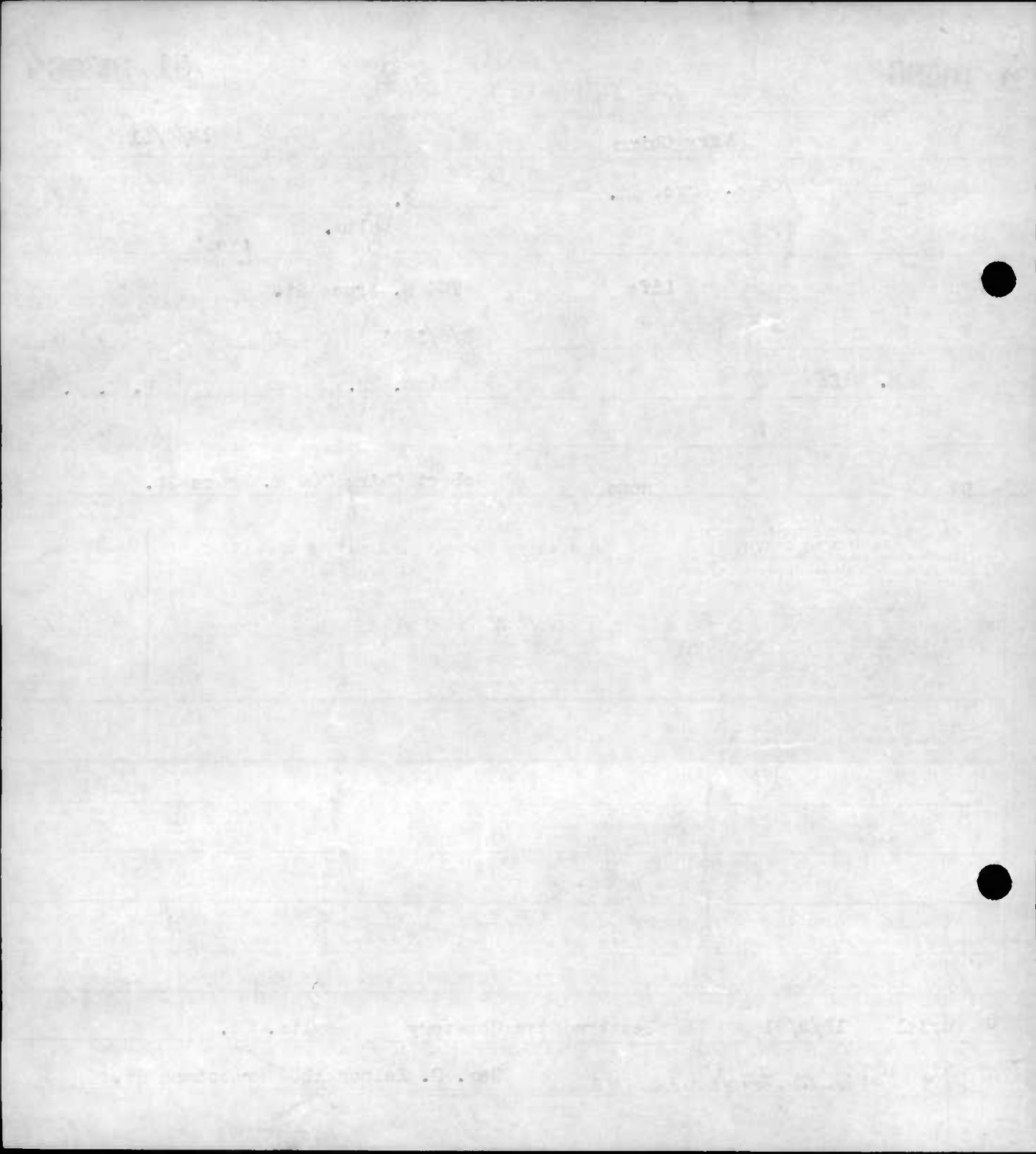
51 10596

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10596

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Mary Chinn		12/4/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland 704 N. Bruce St.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Balto.	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
D. STREET ADDRESS (If rural, give location)		16-03	
5. LENGTH OF STAY IN BALTIMORE		Life	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
F	C	M	3/6/1891
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
H. Wife			
13. FATHER'S NAME		12. CITIZEN OF WHAT COUNTRY?	
?		U. S. A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
no		none	
17. INFORMANT		ADDRESS	
Robert Chinn 704 N. Bruce St.			
18. CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			2 yrs
(A) CARDIO VASCULAR RENAL DISEASE			
DUE TO			
ANTECEDENT CAUSES			4 DAYS
(B) UREMIA			
DUE TO			
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour)	
21E. INJURY OCCURRED		21F. HOW DID INJURY OCCUR?	
WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from DEC 1, 1951, to DEC 4, 1951, that I last saw the deceased alive on DEC 4, 1951, and that death occurred at 8:30 P. M., from the causes and on the date stated above.			
23A. SIGNATURE		23B. ADDRESS	
E. William Frey		1928 Penna Ave	
M. D.		12/7/51	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
Burial		12/8/51	
24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
Western Star Cemetery		Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR		25 FUNERAL DIRECTOR	
DEC 7 - 1951		Geo. G. Kelson 1303 Presstman St,	
REGISTRAR'S SIGNATURE		ADDRESS	
George H. Williams, Jr.		Geo. H. Kelson 131a	

MEDICAL CERTIFICATION



3 40397

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10597

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) THOMAS BERNICE HEBB MATTHEWS		2. DATE OF DEATH December 5, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 560 Baker Street		E. LENGTH OF STAY IN BALTIMORE Life	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 11/12/20
9. AGE (In years last birthday) 31		10. MONTHS 14-03	11. DAYS 14-03
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME William Trent		14. MOTHER'S MAIDEN NAME Rosie Hebb	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT Albert Hebb, 560 Baker Street		ADDRESS	

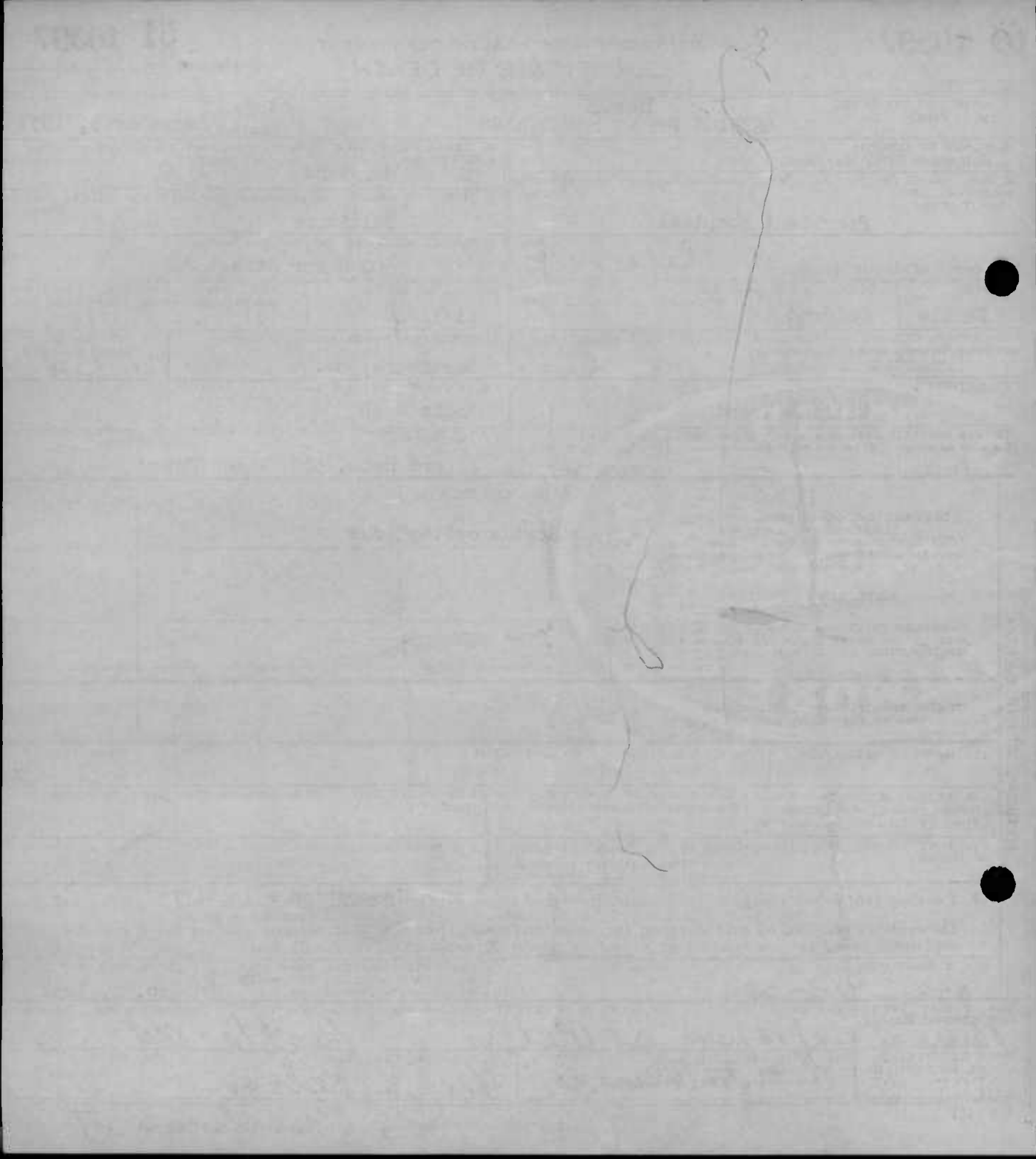
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Status epilepticus (A) DUE TO ANTECEDENT CAUSES (B) DUE TO (C) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) (Minute) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William J. Smith</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Dec. 6, 1951
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12/10/51	24C. NAME OF CEMETERY OR CREMATORY St Peters	24D. LOCATION (City, town, or county) (State) Balta. Md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 7 - 1951		REGISTRAR'S SIGNATURE <i>William J. Smith</i>		25. FUNERAL DIRECTOR Geo. H. Kelson
				ADDRESS 85

V S 151
7208A 1303 Presstman St



623
51 10598

51 10598

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Howard Creighton		2. DATE OF DEATH Dec. 6-1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. Md.		4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE Md B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION City Hos.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. City			
D. STREET ADDRESS (If rural, give location) 2601 Eastern Ave		1-03			
E. Length of stay in Baltimore Life		Yrs. Mos. Days			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 1880	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) halber		10B. KIND OF BUSINESS OR INDUSTRY City		9. AGE (In years last birthday) 71	
11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME Robert Creighton		14. MOTHER'S MAIDEN NAME Martha			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT Charles Creighton ADDRESS 1011 Burgundy St	
18. 443x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Myocardial Infarction DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive Cardiac Disease DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. II		CAUSE OF DEATH Myocardial Infarction Hypertensive Cardiac Disease II		INTERVAL BETWEEN ONSET AND DEATH 3 2	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 15, 1951 to Oct 15, 1951 , that I last saw the deceased alive on Oct 15, 1951 , and that death occurred at 1 Am. , from the causes and on the date stated above.					
23A. SIGNATURE Harry Glusman		23B. ADDRESS 753 W. Fayette St		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec. 8-51		24C. NAME OF CEMETERY OR CREMATORY Sacred Heart of Mary	
24D. LOCATION (City, town, or county) Balto. Co.		24E. (State) Md.		24F. DATE RECEIVED BY LOCAL REGISTRAR DEC 7 - 1951	
24G. REGISTRAR'S SIGNATURE Wm. S. Fialkowski		24H. FUNERAL DIRECTOR Wm. S. Fialkowski		24I. ADDRESS 2007 Eastern Ave	

97093

93D

MEDICAL CERTIFICATION

DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

PLANT INDUSTRY
BUREAU OF PLANT INDUSTRY
DEPARTMENT OF AGRICULTURE
WASHINGTON, D. C.

PLANT INDUSTRY
BUREAU OF PLANT INDUSTRY
DEPARTMENT OF AGRICULTURE
WASHINGTON, D. C.

PLANT INDUSTRY
BUREAU OF PLANT INDUSTRY
DEPARTMENT OF AGRICULTURE
WASHINGTON, D. C.

51 10599

465-

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10599

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Margaret A. Uhlhorn</i>		2. DATE OF DEATH <i>12/6/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Baltimore</i>			
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>55 So. Carrollton - Ave</i>		6. STREET ADDRESS (If rural, give location) <i>55 So. Carrollton Ave</i>			
7. Length of stay in Baltimore <i>Life</i>		8. DATE OF BIRTH <i>10/6/1862</i>			
9. SEX <i>Female</i>	10. COLOR OR RACE <i>white</i>	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	12. AGE (in years last birthday) <i>88</i>	13. Under 1 Year Months: Days: Hours: Min.	14. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House work</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>at Home</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore Md.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13. FATHER'S NAME <i>Edward Humphreys</i>		14. MOTHER'S MAIDEN NAME <i>Mary Ann Kerr</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>-</i>		16. SOCIAL SECURITY NO. <i>-</i>		17. INFORMANT <i>Mrs. Donald J. Locke Carrollton</i>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>493X I</i>		CAUSE OF DEATH <i>Pneumonia</i>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Hypertension</i>		(A) DUE TO		(B) DUE TO	
(C) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Oct 25, 1951</i> , to <i>Dec 6, 1951</i> , that I last saw the deceased alive on <i>Dec 6, 1951</i> and that death occurred at <i>11 AM.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Milton Liscum</i>		23B. ADDRESS <i>1415 W. Fayette St.</i>		23C. DATE SIGNED <i>12/6/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>12/10/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>New Cathedral Cem.</i>	
24D. LOCATION (City, town, or county) <i>4300 Old Frederick</i>		25. FUNERAL DIRECTOR <i>John P. Lawrence & Son</i>		ADDRESS	

320
51 10600

CERTIFICATE CORRECTED 12-11-51

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10600

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM F. RHOADS RHOADES

2. DATE
OF
DEATH

12/6/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

958 N. COLLINGTON AVE

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

MD

C. CITY OR TOWN

BALTIMORE

D. STREET ADDRESS (If rural, give location)

958 N. COLLINGTON AVE

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

1/20/17

9. AGE (In years
last birthday)

34

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

MCH AMER. SUGAR REF.

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE MD.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

EDWARD RHOADS. Rhoades

14. MOTHER'S MAIDEN NAME

CARRIE MAYERS.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT Rhoades 958 ADDRESS

YES W.W. # 2

BEATRICE V. RHOADS N. COLLINGTON AVE

18. 420 1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 12-3-1951, to 12-6-1951, that I last saw the
deceased alive on 12-6-1951, and that death occurred at 3:30 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Dr. Gould
14 n East ave

462
51 10601BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10601

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EDWARD D. J. CLARK

2. DATE
OF
DEATH

12/7/57

3. PLACE OF DEATH:
a. Baltimore City, Marylandb. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1701 N. BOND ST

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
a. STATE

MD.

b. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORE 8-06d. STREET ADDRESS (If rural, give location)
1701 N. BOND ST

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

LUCILE CLARK, 1701 N BOND ST

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY21e. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 30, 1957 to Dec. 7, 1957, that I last saw the
deceased alive on Dec. 6, 1957, and that death occurred at 2:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

M. D.

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 7 - 1957

VS 150

2906M

124B

Per Teacher

1035 n Calicut St

CERTIFICATE OF DEATH

BRITISH CONSULATE GENERAL

162
51 10602BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10602
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Jefferson, Dorothy L

2. DATE
OF
DEATH

12/6/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Franklin Square Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Md.

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

769 W. Cross St/

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

3/18/1899

9. AGE (In years
last birthday)

52

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

House Wife

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William Connolly

14. MOTHER'S MAIDEN NAME

Wachsmuth - Margaret

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Bertrand D. Lentz 1320 James St

18.

156.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinoma of liver

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Surgical intervention

DUE TO

(C)

2 yr

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Acute Pulmonary edema

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-6, 1951, to 12/6, 1952, that I last saw the
deceased alive on 12/6, 1951, and that death occurred at 1 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

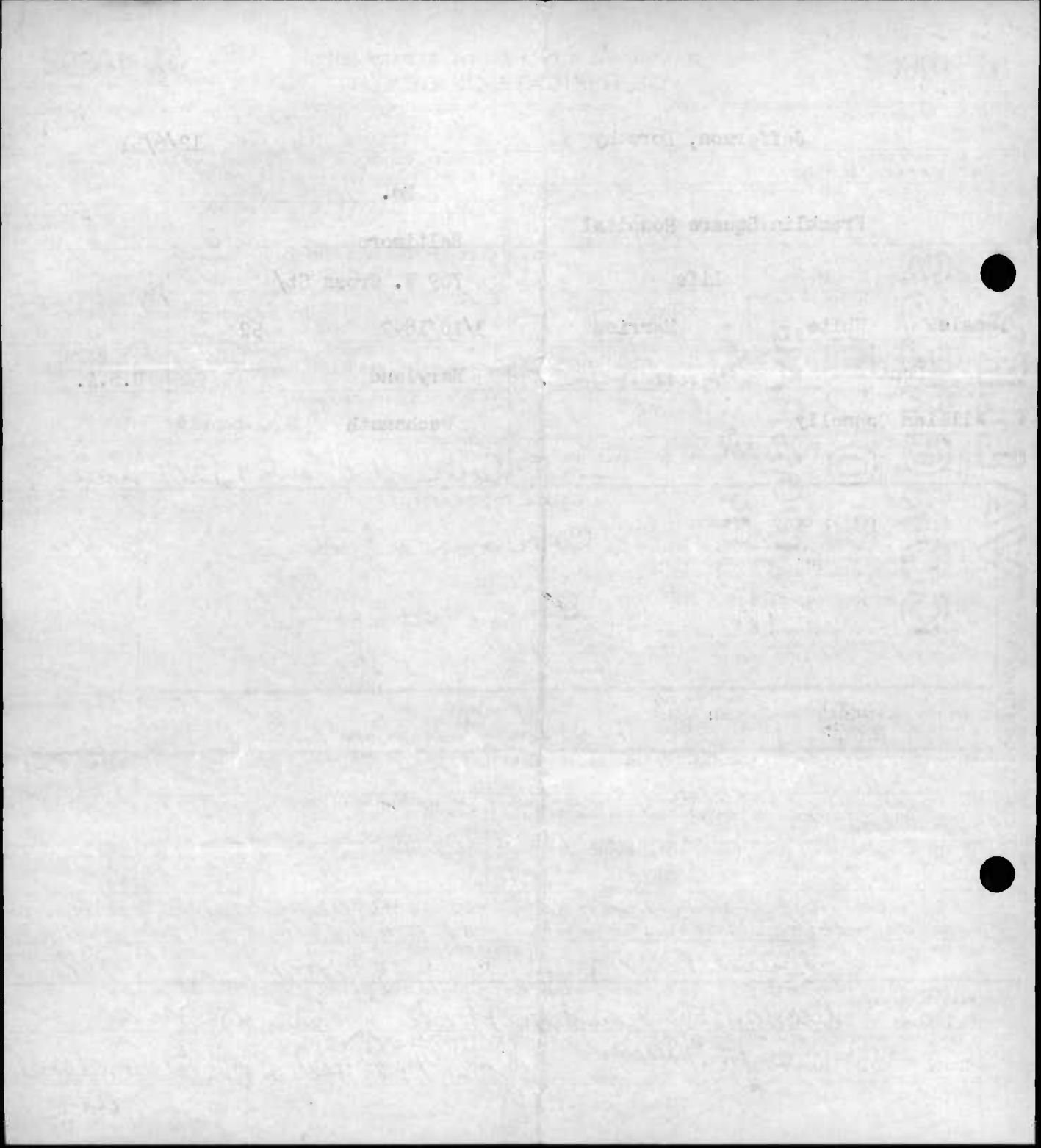
25. FUNERAL DIRECTOR

ADDRESS

DEC 7 - 1951

John F. Geufel

John F. Geufel 5311 Edmondson



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10603

BIRTH NO. 51 10603

1. NAME OF DECEASED (Type or Print) ALVIN WOODLAND		2. DATE OF DEATH 12-6-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY 24	
B. FULL NAME OF (If not in hospital or institution, give street address or location) UNIVERSITY HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
Length of stay in Baltimore 2 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1432 BATTERY AVE.	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 3-23-1897
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operator		10B. KIND OF BUSINESS OR INDUSTRY BALT. TRANS. CO.	9. AGE (In years last birthday) 54
11. BIRTHPLACE (State or foreign country) MD.		12. CITIZEN OF WHAT COUNTRY? US	
13. FATHER'S NAME JAMES WOODLAND		14. MOTHER'S MAIDEN NAME ANNIE CANNON	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Hospital Record		ADDRESS	

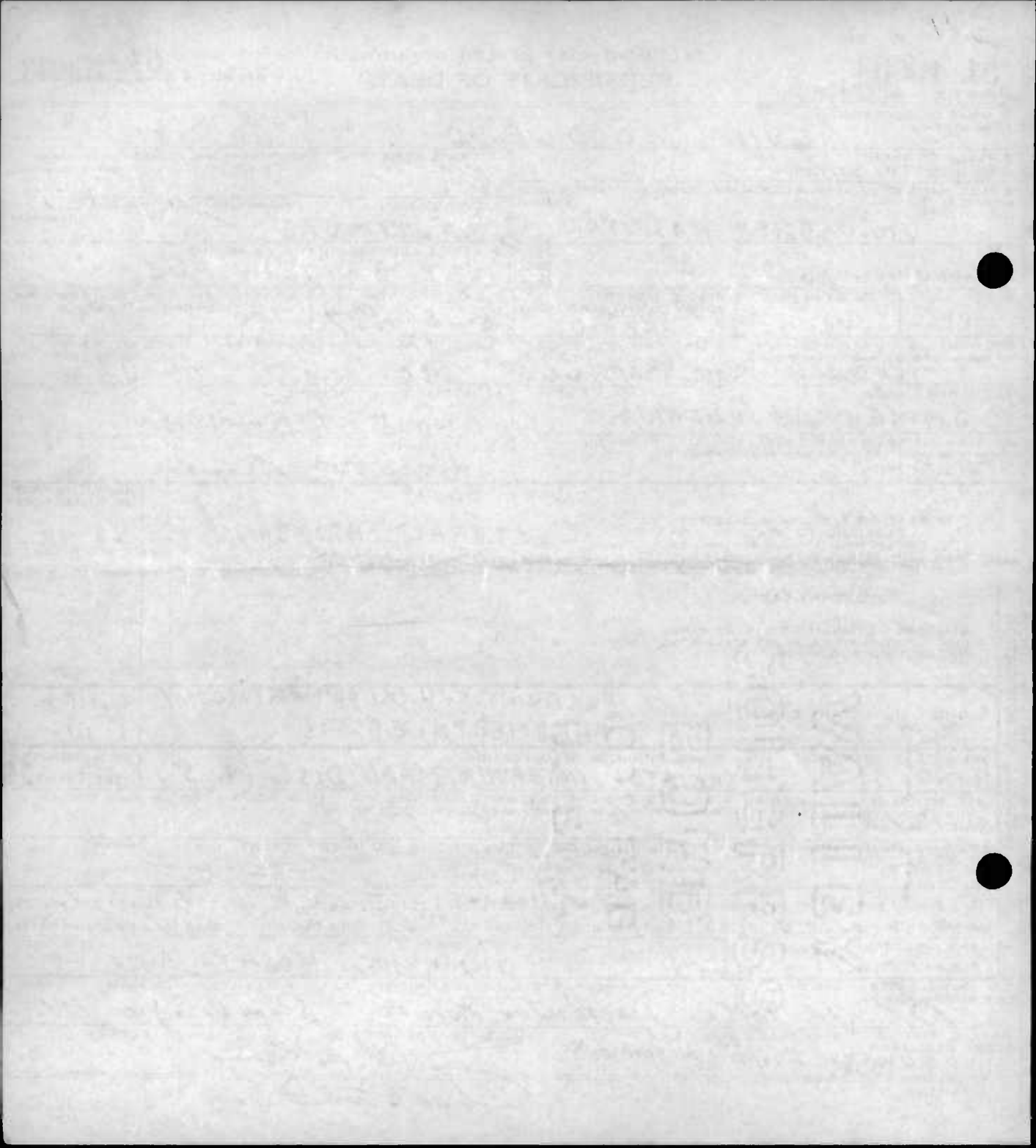
18. 332X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CEREBRAL THROMBOSIS, DUE TO ETIOLOGY UNDETERMINED	INTERVAL BETWEEN ONSET AND DEATH 48 HRS
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(B) DUE TO	
(C) DUE TO	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. PERITONITIS-UNKNOWN ETIOLOGY THROMBOPHLEBITIS		INTERVAL BETWEEN ONSET AND DEATH 2 WKS 1 WK
19A. DATE OF OPERATION 11-20-51	19B. MAJOR FINDINGS OF OPERATION HERNIATED INTERVERTEBRAL DISC (L-5)	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **11-20-51**, 19**51**, to **12-6**, 19**51** that I last saw the deceased alive on **12-6**, 19**51**, and that death occurred at **3:45 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE George M. Smith M. O.	23B. ADDRESS UNIVERSITY HOSPITAL	23C. DATE SIGNED 12-6-51
24A. BURIAL, CREMATION, REMOVAL (Specify) B.	24B. DATE 12-10-51	24C. NAME OF CEMETERY OR CREMATORY Dorchester Mem. Pk
24D. LOCATION (City, town, or county) (State) Cambridge, Md.		

DATE RECEIVED BY LOCAL REGISTRAR DEC 7 - 1951	REGISTRAR'S SIGNATURE William H. Williams, M.D.	25. FUNERAL DIRECTOR James L. DeLong ADDRESS 625 51, 130 G. F. Road
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241
51 10604
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10604
Registered No.

1. NAME OF DECEASED (Type or Print) HASLUP Mrs. Mary E.		2. DATE OF DEATH Dec. 6 '51	
3. PLACE OF DEATH: a. Baltimore City, Maryland Baltimore		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
b. FULL NAME OF HOSPITAL OR INSTITUTION Church Home & Hospital		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore Life Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) 2918 Edman Ave.	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct 21, 1875
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 76
11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Stephen E. Johnson		14. MOTHER'S MAIDEN NAME June Griffith	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mr. Charles Haslup		ADDRESS 2830 Mayfield	
18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) coronary thrombosis DUE TO coronary artery disease DUE TO obesity		INTERVAL BETWEEN ONSET AND DEATH 1 day years	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 7		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec 6, 1951 , to Dec , 1951, that I last saw the deceased alive on Dec , 1951, and that death occurred at 1:10 pm. , from the causes and on the date stated above.			
23A. SIGNATURE J. D. Antonio		23B. ADDRESS Church Home Hospital	
23C. DATE SIGNED 12/6/51		M. D.	
24A. BURIAL, CREMATION, REMOVAL (Specify) Buried		24B. DATE 12/10/51	
24C. NAME OF CEMETERY OR CREMATORY Lakewood		24D. LOCATION (City, town, or county) (State) Bald Md	
DATE RECEIVED BY LOCAL REGISTRAR DEC 7 - 1951		REGISTRAR'S SIGNATURE Wm. H. Williams, M.D.	
25. FUNERAL DIRECTOR L. J. Kuck		ADDRESS 5305 Harford Rd	

1954-1955

UNITED STATES OF AMERICA

1954

STATE OF NEW YORK		COUNTY OF ALBANY		TOWN OF ALBANY	
NAME OF TAXPAYER		ADDRESS		CITY	
JAMES A. ALBANY		123 MAIN ST.		ALBANY	
JOHN B. ALBANY		456 E. 1ST ST.		ALBANY	
WILLIAM C. ALBANY		789 W. 1ST ST.		ALBANY	
EDWARD D. ALBANY		101 N. 1ST ST.		ALBANY	
FRANK E. ALBANY		234 S. 1ST ST.		ALBANY	
CHARLES F. ALBANY		567 E. 2ND ST.		ALBANY	
HARRY G. ALBANY		890 W. 2ND ST.		ALBANY	
ALICE H. ALBANY		123 N. 2ND ST.		ALBANY	
BENJAMIN I. ALBANY		456 S. 2ND ST.		ALBANY	
MARGARET J. ALBANY		789 E. 3RD ST.		ALBANY	
ROBERT K. ALBANY		101 W. 3RD ST.		ALBANY	
LUCAS L. ALBANY		234 N. 3RD ST.		ALBANY	
ESTHER M. ALBANY		567 S. 3RD ST.		ALBANY	
NATHAN O. ALBANY		890 E. 4TH ST.		ALBANY	
SARAH P. ALBANY		123 W. 4TH ST.		ALBANY	
ISAAC Q. ALBANY		456 N. 4TH ST.		ALBANY	
REBECCA R. ALBANY		789 S. 4TH ST.		ALBANY	
SAMUEL S. ALBANY		101 E. 5TH ST.		ALBANY	
MIRIAM T. ALBANY		234 W. 5TH ST.		ALBANY	
ABRAHAM U. ALBANY		567 N. 5TH ST.		ALBANY	
RUTH V. ALBANY		890 S. 5TH ST.		ALBANY	
ISAAC W. ALBANY		123 E. 6TH ST.		ALBANY	
MIRIAM X. ALBANY		456 W. 6TH ST.		ALBANY	
ABRAHAM Y. ALBANY		789 N. 6TH ST.		ALBANY	
REBECCA Z. ALBANY		101 S. 6TH ST.		ALBANY	
SAMUEL AA. ALBANY		234 E. 7TH ST.		ALBANY	
MIRIAM AB. ALBANY		567 W. 7TH ST.		ALBANY	
ABRAHAM AC. ALBANY		890 N. 7TH ST.		ALBANY	
RUTH AD. ALBANY		123 S. 7TH ST.		ALBANY	
ISAAC AE. ALBANY		456 E. 8TH ST.		ALBANY	
MIRIAM AF. ALBANY		789 W. 8TH ST.		ALBANY	
ABRAHAM AG. ALBANY		101 N. 8TH ST.		ALBANY	
RUTH AH. ALBANY		234 S. 8TH ST.		ALBANY	
ISAAC AI. ALBANY		567 E. 9TH ST.		ALBANY	
MIRIAM AJ. ALBANY		890 W. 9TH ST.		ALBANY	
ABRAHAM AK. ALBANY		123 N. 9TH ST.		ALBANY	
RUTH AL. ALBANY		456 S. 9TH ST.		ALBANY	
ISAAC AM. ALBANY		789 E. 10TH ST.		ALBANY	
MIRIAM AN. ALBANY		101 W. 10TH ST.		ALBANY	
ABRAHAM AO. ALBANY		234 N. 10TH ST.		ALBANY	
RUTH AP. ALBANY		567 S. 10TH ST.		ALBANY	
ISAAC AQ. ALBANY		890 E. 11TH ST.		ALBANY	
MIRIAM AR. ALBANY		123 W. 11TH ST.		ALBANY	
ABRAHAM AS. ALBANY		456 N. 11TH ST.		ALBANY	
RUTH AT. ALBANY		789 S. 11TH ST.		ALBANY	
ISAAC AU. ALBANY		101 E. 12TH ST.		ALBANY	
MIRIAM AV. ALBANY		234 W. 12TH ST.		ALBANY	
ABRAHAM AW. ALBANY		567 N. 12TH ST.		ALBANY	
RUTH AX. ALBANY		890 S. 12TH ST.		ALBANY	
ISAAC AY. ALBANY		123 E. 13TH ST.		ALBANY	
MIRIAM AZ. ALBANY		456 W. 13TH ST.		ALBANY	
ABRAHAM BA. ALBANY		789 N. 13TH ST.		ALBANY	
RUTH BB. ALBANY		101 S. 13TH ST.		ALBANY	
ISAAC BC. ALBANY		234 E. 14TH ST.		ALBANY	
MIRIAM BD. ALBANY		567 W. 14TH ST.		ALBANY	
ABRAHAM BE. ALBANY		890 N. 14TH ST.		ALBANY	
RUTH BF. ALBANY		123 S. 14TH ST.		ALBANY	
ISAAC BG. ALBANY		456 E. 15TH ST.		ALBANY	
MIRIAM BH. ALBANY		789 W. 15TH ST.		ALBANY	
ABRAHAM BI. ALBANY		101 N. 15TH ST.		ALBANY	
RUTH BJ. ALBANY		234 S. 15TH ST.		ALBANY	
ISAAC BK. ALBANY		567 E. 16TH ST.		ALBANY	
MIRIAM BL. ALBANY		890 W. 16TH ST.		ALBANY	
ABRAHAM BM. ALBANY		123 N. 16TH ST.		ALBANY	
RUTH BN. ALBANY		456 S. 16TH ST.		ALBANY	
ISAAC BO. ALBANY		789 E. 17TH ST.		ALBANY	
MIRIAM BP. ALBANY		101 W. 17TH ST.		ALBANY	
ABRAHAM BQ. ALBANY		234 N. 17TH ST.		ALBANY	
RUTH BR. ALBANY		567 S. 17TH ST.		ALBANY	
ISAAC BS. ALBANY		890 E. 18TH ST.		ALBANY	
MIRIAM BT. ALBANY		123 W. 18TH ST.		ALBANY	
ABRAHAM BU. ALBANY		456 N. 18TH ST.		ALBANY	
RUTH BV. ALBANY		789 S. 18TH ST.		ALBANY	
ISAAC BU. ALBANY		101 E. 19TH ST.		ALBANY	
MIRIAM BW. ALBANY		234 W. 19TH ST.		ALBANY	
ABRAHAM BB. ALBANY		567 N. 19TH ST.		ALBANY	
RUTH BX. ALBANY		890 S. 19TH ST.		ALBANY	
ISAAC BB. ALBANY		123 E. 20TH ST.		ALBANY	
MIRIAM BY. ALBANY		456 W. 20TH ST.		ALBANY	
ABRAHAM BC. ALBANY		789 N. 20TH ST.		ALBANY	
RUTH BZ. ALBANY		101 S. 20TH ST.		ALBANY	
ISAAC BD. ALBANY		234 E. 21ST ST.		ALBANY	
MIRIAM BB. ALBANY		567 W. 21ST ST.		ALBANY	
ABRAHAM BE. ALBANY		890 N. 21ST ST.		ALBANY	
RUTH BF. ALBANY		123 S. 21ST ST.		ALBANY	
ISAAC BE. ALBANY		456 E. 22ND ST.		ALBANY	
MIRIAM BG. ALBANY		789 W. 22ND ST.		ALBANY	
ABRAHAM BF. ALBANY		101 N. 22ND ST.		ALBANY	
RUTH BH. ALBANY		234 S. 22ND ST.		ALBANY	
ISAAC BF. ALBANY		567 E. 23RD ST.		ALBANY	
MIRIAM BI. ALBANY		890 W. 23RD ST.		ALBANY	
ABRAHAM BG. ALBANY		123 N. 23RD ST.		ALBANY	
RUTH BJ. ALBANY		456 S. 23RD ST.		ALBANY	
ISAAC BG. ALBANY		789 E. 24TH ST.		ALBANY	
MIRIAM BK. ALBANY		101 W. 24TH ST.		ALBANY	
ABRAHAM BI. ALBANY		234 N. 24TH ST.		ALBANY	
RUTH BL. ALBANY		567 S. 24TH ST.		ALBANY	
ISAAC BI. ALBANY		890 E. 25TH ST.		ALBANY	
MIRIAM BK. ALBANY		123 W. 25TH ST.		ALBANY	
ABRAHAM BJ. ALBANY		456 N. 25TH ST.		ALBANY	
RUTH BM. ALBANY		789 S. 25TH ST.		ALBANY	
ISAAC BJ. ALBANY		101 E. 26TH ST.		ALBANY	
MIRIAM BL. ALBANY		234 W. 26TH ST.		ALBANY	
ABRAHAM BJ. ALBANY		567 N. 26TH ST.		ALBANY	
RUTH BN. ALBANY		890 S. 26TH ST.		ALBANY	
ISAAC BJ. ALBANY		123 E. 27TH ST.		ALBANY	
MIRIAM BL. ALBANY		456 W. 27TH ST.		ALBANY	
ABRAHAM BK. ALBANY		789 N. 27TH ST.		ALBANY	
RUTH BO. ALBANY		101 S. 27TH ST.		ALBANY	
ISAAC BK. ALBANY		234 E. 28TH ST.		ALBANY	
MIRIAM BO. ALBANY		567 W. 28TH ST.		ALBANY	
ABRAHAM BK. ALBANY		890 N. 28TH ST.		ALBANY	
RUTH BP. ALBANY		123 S. 28TH ST.		ALBANY	
ISAAC BK. ALBANY		456 E. 29TH ST.		ALBANY	
MIRIAM BP. ALBANY		789 W. 29TH ST.		ALBANY	
ABRAHAM BK. ALBANY		101 N. 29TH ST.		ALBANY	
RUTH BQ. ALBANY		234 S. 29TH ST.		ALBANY	
ISAAC BK. ALBANY		567 E. 30TH ST.		ALBANY	
MIRIAM BQ. ALBANY		890 W. 30TH ST.		ALBANY	
ABRAHAM BK. ALBANY		123 N. 30TH ST.		ALBANY	
RUTH BR. ALBANY		456 S. 30TH ST.		ALBANY	
ISAAC BK. ALBANY		789 E. 31ST ST.		ALBANY	
MIRIAM BR. ALBANY		101 W. 31ST ST.		ALBANY	
ABRAHAM BR. ALBANY		234 N. 31ST ST.		ALBANY	
RUTH BR. ALBANY		567 S. 31ST ST.		ALBANY	
ISAAC BR. ALBANY		890 E. 32ND ST.		ALBANY	
MIRIAM BR. ALBANY		123 W. 32ND ST.		ALBANY	
ABRAHAM BR. ALBANY		456 N. 32ND ST.		ALBANY	
RUTH BR. ALBANY		789 S. 32ND ST.		ALBANY	
ISAAC BR. ALBANY		101 E.			

655
51 10605BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

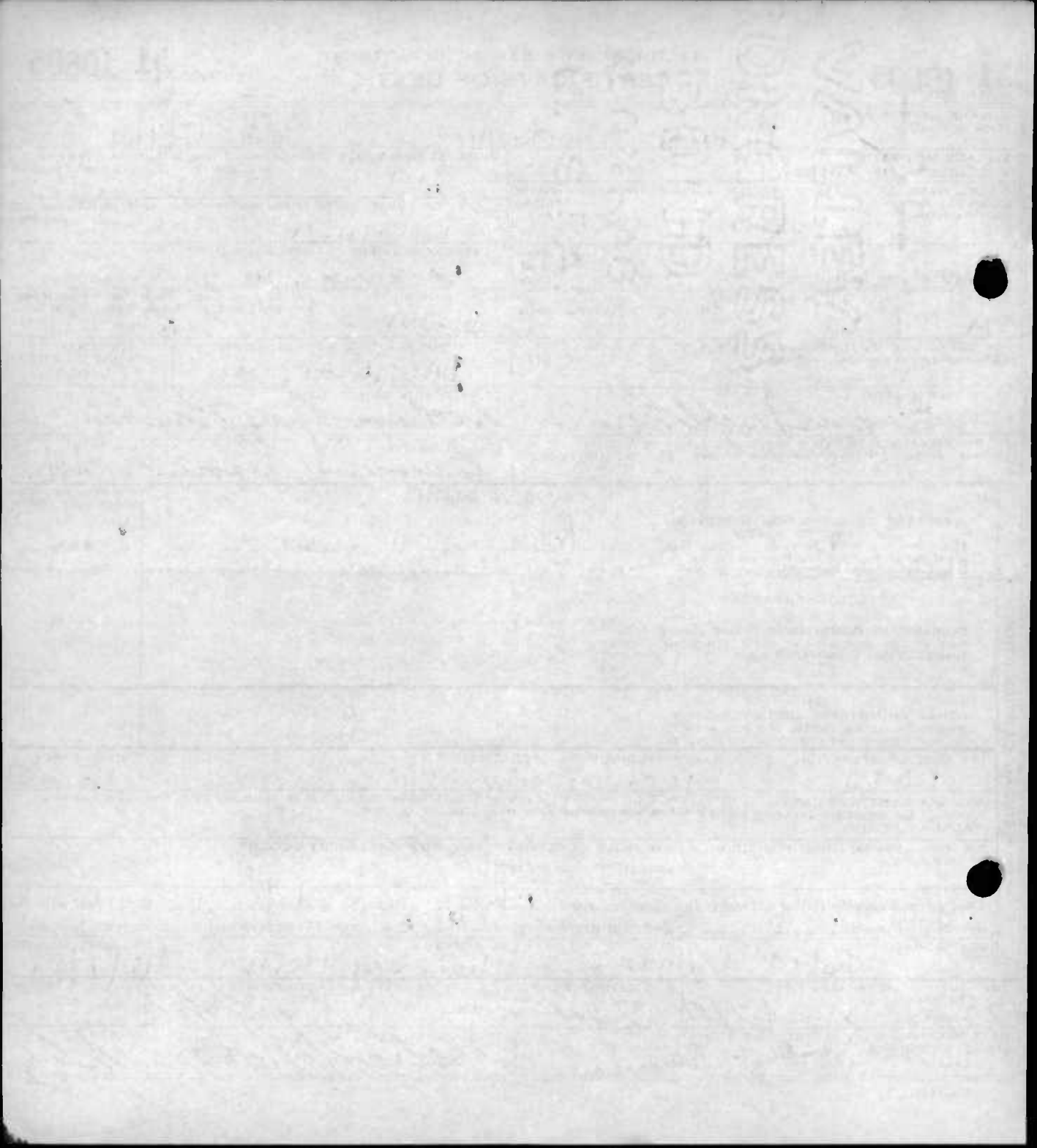
Registered No. 51 10605

1. NAME OF DECEASED (Type or Print) PATRICK KERIVAN		2. DATE OF DEATH 12/7/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) UNIVERSITY HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
D. STREET ADDRESS (If rural, give location) 6402 CRESWOOD RD		E. LENGTH OF STAY IN BALTIMORE 6+ Yrs. Mos. Days	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH 5/23/51
9. AGE (in years last birthday) 6		10. CITIZEN OF WHAT COUNTRY? USA	
11. BIRTHPLACE (State or foreign country) BALTIMORE, MD		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Eugene Joseph Kernan		14. MOTHER'S MAIDEN NAME Catherine Agnes Bresnan	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Eugene J. Kernan		ADDRESS 6402 Creswood Rd	

18. 474 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) ACUTE LARYNGO-TRACHEO-BRONCHITIS		DUE TO		1 day	
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
(C)					

19A. DATE OF OPERATION 12/6/51		19B. MAJOR FINDINGS OF OPERATION TRACHEOTOMY FOR STRIDOR		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12/6/51 , 19 51 , to 12/7/51 , 19 51 , that I last saw the deceased alive on 12/7/51 , 19 51 , and that death occurred at 9:35 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE Robert S. Mosser M. D.		23B. ADDRESS University Hospital		23C. DATE SIGNED 12/7/51	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec 8 - 1951		24C. NAME OF CEMETERY OR CREMATORY Baltimore		24D. LOCATION (City, town, or county) (State) Baltimore Md	
DATE RECEIVED BY LOCAL REGISTRAR DEC 7 - 1951		REGISTRAR'S SIGNATURE William Williams		25. FUNERAL DIRECTOR Deane J. J. J. J.		ADDRESS 2224 E. 22nd St	



51 10606

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10606

Registered No.

BIRTH NO. M-635

1. NAME OF DECEASED
(Type or Print)

CHRISTINA MARTIN

2. DATE
OF
DEATH

12-5-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR BEACH HILL NURSING HOME
INSTITUTION 6028 OLD WARFORD ROAD

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

2417 E. MADISON ST. 7-0V

Length of stay in Baltimore

Yrs.
Mos.
Days

SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

FEMALE

WHITE

WIDOWED

8. DATE OF BIRTH 1890

NOT KNOWN

9. AGE (In years
last birthday)10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

61

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSE WORK

10B. KIND OF BUSINESS OR
INDUSTRY

HOME

11. BIRTHPLACE (State or foreign country)

BALTIMORE

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

JOSEPH VESELY

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

FR. VESELY 3427 ELMORA AVE

18. 331X I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

5 mos.

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐I hereby certify that I attended the deceased from July 3, 1951, to Dec 5, 1951, that I last saw the
deceased alive on Dec 3, 1951, and that death occurred at 7 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Joseph Pokorny

M. O.

23B. ADDRESS

2200 E Madison St

23C. DATE SIGNED

12/7/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BURIAL

12-10-51 HOLY REDEEMER

BALTIMORE

MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 8 - 1951

FR. CVACH & SON 900 N. CHESTER ST

Original from [illegible] 2002

12/5/01
12/5/01
12/5/01

12/5/01
12/5/01
12/5/01

362
51 10607

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10607

BIRTH NO.

1. NAME OF DECEASED (Type or Print) THERESA WATERS		2. DATE OF DEATH December 5, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE Maryland B. COUNTY 26-01	
5. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital About 65 Length of stay in Baltimore Yrs. Mos. Days		C. CITY OR TOWN Baltimore D. STREET ADDRESS (If rural, give location) 618 S. Ponca Street	
6. SEX Fe.	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH January 8, 1866
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hwfe.		10B. KIND OF BUSINESS OR INDUSTRY Own Home	9. AGE (In years last birthday) 85 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
11. BIRTHPLACE (State or foreign country) Europe Czechoslovakia		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John Voniek		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 212-01-3269B	
17. INFORMANT George H. Waters		ADDRESS 618 S. Ponca St.	

18. 4221 and E903.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardio-vascular disease.	CAUSE OF DEATH (A) Arteriosclerotic cardio-vascular disease. DUE TO (B) Fractured hip, left DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CERTIFICATION APPROVED BY Stanley H. Denecker M. D. CHIEF OR ASST. MEDICAL EXAMINER.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION Nov. 11, 1951	19B. MAJOR FINDINGS OF OPERATION Comminuted intertrochanteric fracture, left femur	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input checked="" type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Baltimore - 618 S. Ponca St.
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 2-28-51 200 A. m.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Fall - Slipped + Fell + floor
22. I hereby certify that I attended the deceased from 11/1/51 , 19 51 , to 11/5/51 , 19 51 , that I last saw the deceased alive on 11/5/51 , 19 51 and that death occurred at 2:45 P.M. from the causes and on the date stated above.		
23A. SIGNATURE E. Paul Coffey Jr. M. D.	23B. ADDRESS 1400 N. Caroline Street	23C. DATE SIGNED 11/5/51

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12-8-51	24C. NAME OF CEMETERY OR CREMATORY St. Stanislaus Cemetery	24D. LOCATION (City, town, or county) (State) 1300 Dundalk Ave. Balto., Md.
DATE RECEIVED BY LOCAL REGISTRAR DEC 8 - 1951	REGISTRAR'S SIGNATURE Wilmington Williams	25. FUNERAL DIRECTOR Charles S. Zeiler	ADDRESS 901 S. Conkling St

652
51 10608BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10608

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Kenneth Farrington

2. DATE
OF
DEATH

12-7-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Union Memorial Hospital

Yrs.
Mos.
Days

Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

1538 Northwick Road

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 17, 1899

9. AGE (in years
last birthday)

52

If Under 1 Year If Under 24 Hours
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR
INDUSTRY

Tires, Etc. (R)

11. BIRTHPLACE (State or foreign country)

Indiana

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Ernest Farrington

14. MOTHER'S MAIDEN NAME

Ethel Pearl Melton

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

215-10-7986

17. INFORMANT

patient

ADDRESS

above

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) Hypertensive Cardio-Vascular
Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

?

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 7, 1951, to Dec 7, 1951, that I last saw the
deceased alive on Dec 7, 1951, and that death occurred at 12:15 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Harvey S. Green, Jr.

23B. ADDRESS

M. D. Union Memorial Hosp

23C. DATE SIGNED

12-7-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

12/10/51

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

DEC 8 - 1951

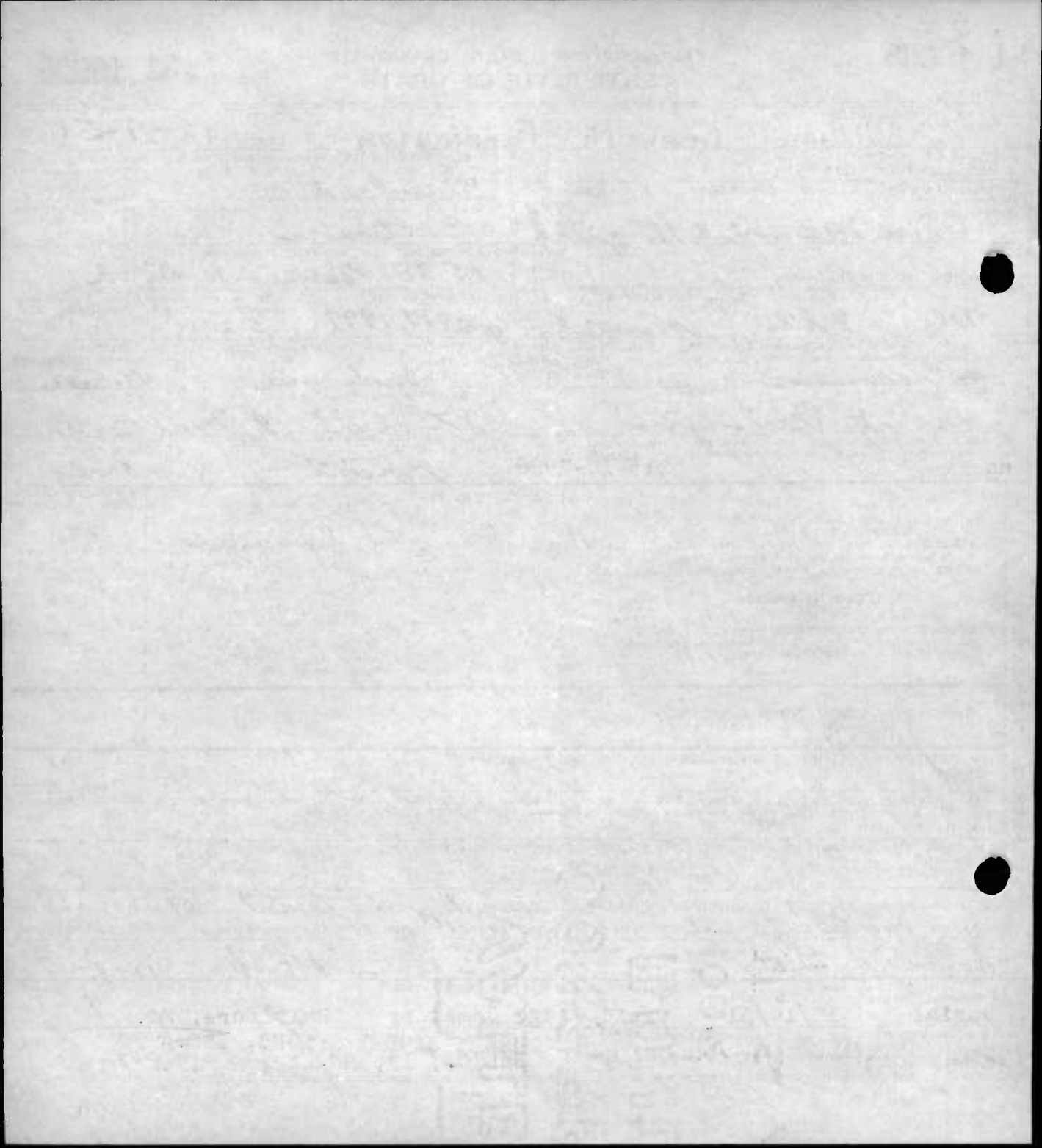
REGISTRAR'S SIGNATURE

William K. Farrington

HENRY SANDER & SONS, INC.
BALTO., 13, MD.

ADDRESS

Henry J. Sander



355
51 10609
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10609

1. NAME OF DECEASED (Type or Print) <i>Finna. SUTINEN</i>			2. DATE OF DEATH <i>12.6.51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore</i>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Baltimore</i> B. COUNTY <i>Md.</i>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Maryland General Hospital</i>			C. CITY OR TOWN (If outside corporate limits write RURAL and give township) <i>26-05</i>		
Length of stay in Baltimore <i>XXXXXX</i>			D. STREET ADDRESS (If rural, give location) <i>609 S Ponca St #24</i>		
5. SEX <i>female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>W.</i>	8. DATE OF BIRTH <i>Feb 21 1888</i>	9. AGE (In years last birthday) <i>63</i>	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>h.w.</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>at home</i>	11. BIRTHPLACE (State or foreign country) <i>Finland</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13. FATHER'S NAME <i>Geo Visti</i>			14. MOTHER'S MAIDEN NAME <i>unknown</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.	17. INFORMANT <i>609 S. Ponca Street Mr. James O. Hill</i>		

MEDICAL CERTIFICATION

18. <i>433.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH <i>arteries</i> (A) <i>Infarct of the both legs</i> DUE TO <i>left kidney and spleen</i> (B) <i>Fibrillating heart</i> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH
--	--	----------------------------------

19A. DATE OF OPERATION <i>2</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>11-20-51</i> , 19 <i>51</i> , to <i>12-6</i> , 19 <i>51</i> ; that I last saw the deceased alive on <i>12-6</i> , 19 <i>51</i> , and that death occurred at <i>12-6</i> , 19 <i>51</i> , from the causes and on the date stated above.		
23A. SIGNATURE <i>Anthony C. Vester</i>	23B. ADDRESS <i>Maryland Gen. Hsp</i>	23C. DATE SIGNED <i>12-6-51</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	24B. DATE <i>12/8/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Oak Lawn Cemetery</i>
		24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>

DATE RECEIVED BY LOCAL REGISTRAR *DEC 8 - 1951* REGISTRAR'S SIGNATURE *Henry Sander* ADDRESS *HENRY SANDER & SONS, INC. BALTO. 13, MD.*

75c

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 51 10610

BIRTH NO. 1 10610

1. NAME OF DECEASED (Type or Print) FREDDIE MC KNIGHT		2. DATE OF DEATH Dec. 5, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 18-02	
D. STREET ADDRESS (If rural, give location) 1011 Bennett Place		E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7-?-1914
9. AGE (In years last birthday) 37		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chief Cook	11. BIRTHPLACE (State or foreign country) S. C.
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13. FATHER'S NAME Elw Mc Knight	
14. MOTHER'S MAIDEN NAME Lavinia Cousie		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) No	
16. SOCIAL SECURITY NO. 0		17. INFORMANT Rebecca Mc Knight - Leg. St	

18. E981X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Gunshot wound of abdomen DUE TO (B) _____ (C) _____		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		
!! OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Street	21C. WHERE DID INJURY OCCUR? Pine and Josephine Sts.		21F. HOW DID INJURY OCCUR? Firearms
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Dec. 4, 1951-about 10:45 P.M.	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input checked="" type="checkbox"/>			

I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☒.

23A. SIGNATURE R. B. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Dec. 5, 1951
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12-10-51	24C. NAME OF CEMETERY OR CREMATORY MT. Auburn	24D. LOCATION (City, town, or county) (State) 166	
DATE RECEIVED BY LOCAL REGISTRAR DEC 8 - 1951		REGISTRAR'S SIGNATURE W. J. Halstead		25. FUNERAL DIRECTOR ADDRESS W. J. Halstead - 918

V S 151 **N-868.4** **75467** **Alvin Hill Ave**

MEDICAL CERTIFICATION

01201 15

15

15

15



520

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10611

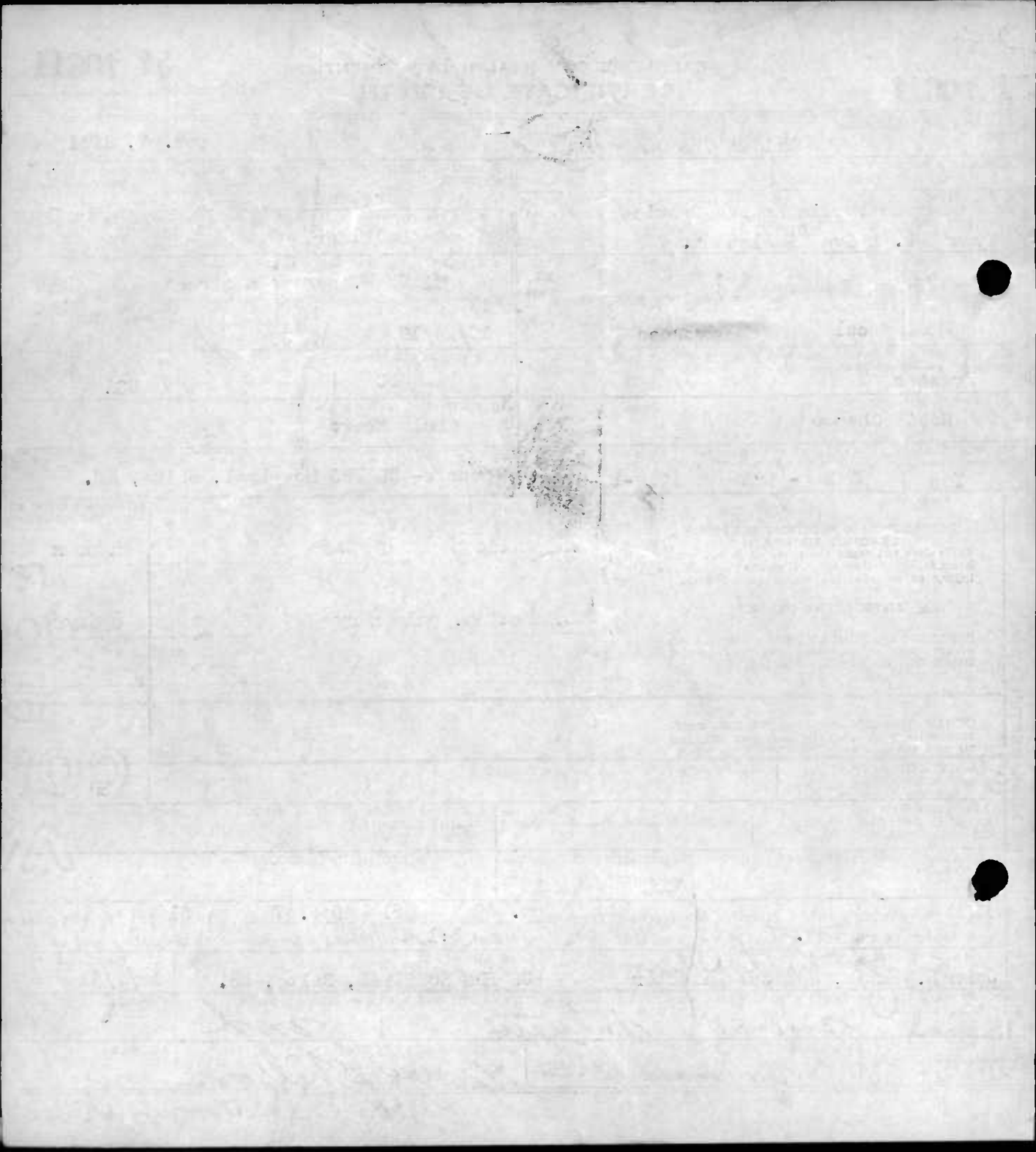
Registered No. _____

1. NAME OF DECEASED (Type or Print) MILTON CHANCE		2. DATE OF DEATH Dec. 7, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION US Public Health Service Hospital Wyman Pk. Drive & 31st St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. LENGTH OF STAY IN BALTIMORE ? Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 42203 W. Saratoga Street	
5. SEX M	6. COLOR OR RACE col	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH 10/24/18
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Presser		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 33 If Under 1 Year: Months _____ Days _____ If Under 24 Hours: Hours _____ Min. _____
13. FATHER'S NAME Robbie Chance		11. BIRTHPLACE (State or foreign country) NC	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO. 218-10-5794		14. MOTHER'S MAIDEN NAME Lula Moore	
17. INFORMANT ADDRESS Records- US PHS Hospital, Balto, Md.			

1B. 416 X 1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Rheumatic heart disease (A) _____ DUE TO _____		INTERVAL BETWEEN ONSET AND DEATH Unknown
II DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Infarction, pulmonary (B) _____ DUE TO _____ (C) _____		8 days
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 12-10-51		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Nov. 30 , 19 51 , to Dec. 7 , 19 51 , that I last saw the deceased alive on Dec. 7 , 19 51 , and that death occurred at 3:15A m., from the causes and on the date stated above.				
23A. SIGNATURE John L. Wilson, Medical Director		23B. ADDRESS US PHS HOSPITAL, Balto, Md.		23C. DATE SIGNED 12/7/51

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12-10-51	24C. NAME OF CEMETERY OR CREMATORY arbutus	24D. LOCATION (City, town, or county) (State) md
DATE RECEIVED BY LOCAL REGISTRAR DEC 8 - 1951	REGISTRAR'S SIGNATURE George H. Kelson	25. FUNERAL DIRECTOR George H. Kelson	
ADDRESS 58 D 690 4G 303 Presstman st			



146

51 10612

TO BE APPROVED BY MEDICAL EXAMINER

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

51 10612

BIRTH NO. 48-11813

1. NAME OF DECEASED
(Type or Print)Margaux
June Hiebler

2. DATE

OF

DEATH December 6, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's

Yrs.
Mos.
Days

Length of stay in Baltimore

3 yr. 6 mo.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months Days Hours Min.

June 1, 1948

3

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John William Hiebler

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr John W. Hiebler 1718 Gorsuch

18. E902.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Contusion, brain stem

App. 13 hr.

DUE TO

& 14 min.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Head injury

DUE TO

(C)

CERTIFICATION APPROVED BY

William V. [Signature]
CHIEF OR ASST. MEDICAL EXAMINER

M. D.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

At home

1718 Gorsuch Ave.

9/7

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

Dec. 6, 1951 @ 11 p. m.

WHILE AT
WORK ☐ NOT WHILE
AT WORK ☒

Fell off the crib

22. I hereby certify that I attended the deceased from December 5, 1951, to December 6, 1951 that I last saw the
deceased alive on Dec. 6, 1951, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

[Signature] M. D.

1400 N. Caroline St.

Dec. 6, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

12/10/51

Moreland Park

Baltimore Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 8 - 1951

[Signature]

[Signature]

15305 Hayford Rd

VS 150

N-853.0

186a

MEDICAL CERTIFICATION

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626
51 10613

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10613
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Hannie Bell Gregory</i>		2. DATE OF DEATH <i>Dec 5 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>625 N. Fremont Ave</i>		C. CITY OR TOWN, (If outside corporate limits, write RURAL and give township) <i>Baltimore 17-03</i>	
D. STREET ADDRESS (If rural, give location) <i>625 N. Fremont Ave</i>		E. LENGTH OF STAY IN BALTIMORE <i>35 yrs</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Feb 7 1901</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>50</i>
11. BIRTHPLACE (State or foreign country) <i>Charlottesville Va</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Thomas Pinkney</i>		14. MOTHER'S MAIDEN NAME <i>Ida Watson</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO.	17. INFORMANT <i>Jefferson Gregory</i>
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		INTERVAL BETWEEN ONSET AND DEATH	
(A) <i>Congestive Heart Failure</i>		?	
DUE TO			
18. ANTECEDENT CAUSES			
(B) <i>Auricular Fibrulation</i>		?	
DUE TO			
(C)			
18. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		None	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
None			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. HOW DID INJURY OCCUR?	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from <i>Nov. 17, 1951</i> , to <i>Dec. 4, 1951</i> , that I last saw the deceased alive on <i>Dec. 4, 1951</i> , and that death occurred at <i>?</i> m., from the causes and on the date stated above.			
23A. SIGNATURE <i>George McDonald</i>		23B. ADDRESS <i>844 N. Carey St. Balt. Md.</i>	
23C. DATE SIGNED <i>12/6/51</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Dec 8 1951</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Arbutus Memorial Park</i>		24D. LOCATION (City, town, or county) (State) <i>Arbutus Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 8 - 1951</i>		REGISTRAR'S SIGNATURE <i>John Williams, M.D.</i>	
25. FUNERAL DIRECTOR <i>Miss Ethel G. Elliott & Daughter</i>		ADDRESS <i>1129 N. Caroline St. 93E</i>	

MEDICAL CERTIFICATION

VALLEY
CONGRESS
BOND
CURET
H. S. A.

360

CERTIFICATE CORRECTED 1-21-52

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 10614 Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

(Also known as Bernard Roeder Jr.)

BERNARD J. ROEDER

2. DATE
OF
DEATH

June 6 1957

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

Baltimore

5. FULL NAME OF
HOSPITAL OR
INSTITUTION

Maryland Gen. Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore Rural

D. STREET ADDRESS (If rural, give location)

1728 Stengel Ave

Length of stay in Baltimore

LIFE

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept 20, 1894

9. AGE (In years
last birthday)

57

10. Under 1 Year
Months Days

—

11. Under 24 Hours
Hours Min.

—

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

CHAUFFEUR

10B. KIND OF BUSINESS OR
INDUSTRY

BREWERY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Bernard Roeder

14. MOTHER'S MAIDEN NAME

Antonnette?

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

213-01-2236

17. INFORMANT

ADDRESS

Md GEN. HOSPITAL RECORDS

18. DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

Pulmonary Infarct

Carcinoma of

Left Lung

INTERVAL BETWEEN
ONSET AND DEATH

1 week

6 weeks

19A. DATE OF OPERATION

12/5/51

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of Left Lung

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

21G. WHILE AT
WORK ☐ NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from 11/57, 1951, to 4/6/1, 1957, that I last saw the deceased alive on Dec 6, 1951 and that death occurred at 3:00 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Anthony C. Vellum

23B. ADDRESS

Maryland Gen. Hosp

23C. DATE SIGNED

Dec 6, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/10/51

24C. NAME OF CEMETERY OR CREMATORY

ST. STANISLAUS

24D. LOCATION (City, town, or county) (State)

BALTO. MD

DATE RECEIVED BY
LOCAL REGISTRAR

DEC 8 1951

REGISTRAR'S SIGNATURE

Wm. J. Williams, M.D.

25. FUNERAL DIRECTOR

Walter Brooks Bodley, M.D.

ADDRESS

1451-11-38
1894-12-6
1894-9-20

37 2-16

242

51 10615

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X Registered No. 51 10615

1. NAME OF DECEASED (Type or Print) SAMUEL JAMES MACALUSO		2. DATE OF DEATH Dec. 8, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Anne Arundel	
B. FULL NAME OF (If not in hospital or institution, give street address or location) US Public Health Service Hospital Wyman Pk. Drive & 31st St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Annapolis 5210	
D. LENGTH OF stay in Baltimore 9 days Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 139 Prince George Street	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 8/18/09
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawyer		10B. KIND OF BUSINESS OR INDUSTRY Self-employed	9. AGE (In years last birthday) 42
13. FATHER'S NAME Peter Macaluso		11. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes WW 2- USA		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO. ?		14. MOTHER'S MAIDEN NAME Josephine Corso	
17. INFORMANT ADDRESS Records- US PHS HOSPITAL, Balto, Md.			

18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 153 X I Carcinoma of colon with generalized metastases DUE TO (A) Carcinoma of colon with generalized metastases (B) DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH Unknown	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 9		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Nov. 29**, 19**51**, to **Dec. 8**, 19**51**, that I last saw the deceased alive on **Dec. 8**, 19**51**, and that death occurred at **8:20A** m., from the causes and on the date stated above.

23A. SIGNATURE **D.W. Patrick**
D.W. Patrick, Medical Officer in Charge

23B. ADDRESS **US PHS HOSPITAL, BALTO, MD.**

23C. DATE SIGNED **12/8/51**

24A. BURIAL, CREMATION, REMOVAL (Specify) **12/8/51**

24B. DATE **12/8/51**

24C. NAME OF CEMETERY OR CREMATORY **St. Mary's**

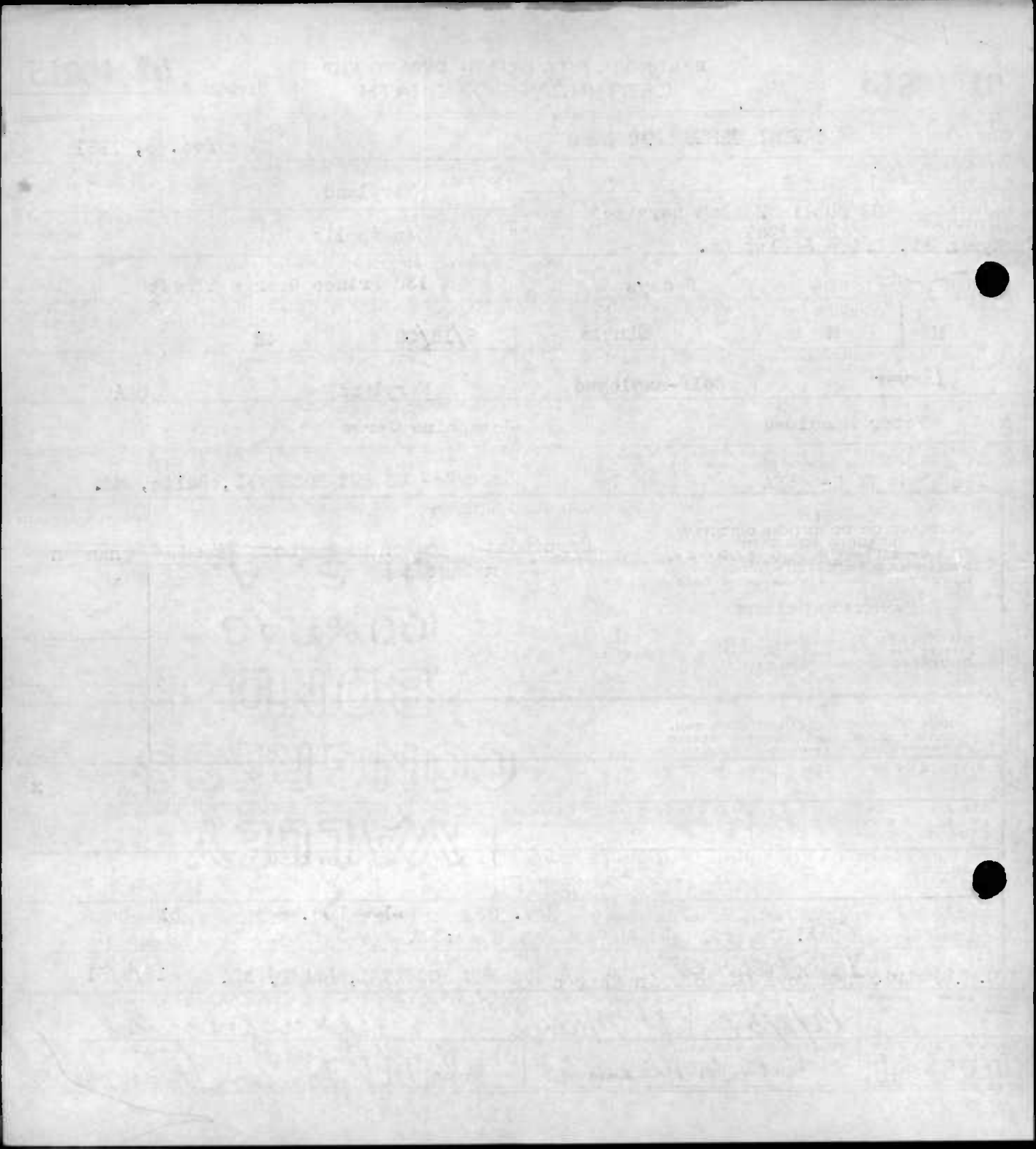
24D. LOCATION (City, town, or county) (State) **Annapolis, Md.**

DATE RECEIVED BY LOCAL REGISTRAR **DEC 8 - 1951**

REGISTRAR'S SIGNATURE **William H. Williams, M.D.**

25. FUNERAL DIRECTOR **John M. Peyton & Son**

ADDRESS **Annapolis, Md.**



460
1 10616

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10616

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Emily M. Keller		2. DATE OF DEATH Dec. 6th. 1951	
3. PLACE OF DEATH: a. Baltimore City, Maryland Baltimore		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
b. FULL NAME OF HOSPITAL OR INSTITUTION 601 Springfield Ave.		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-10	
length of stay in Baltimore life Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) 601 Springfield Ave.	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 7-31-1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) 66
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Ambrose Mullan		14. MOTHER'S MAIDEN NAME Caroline A. Evans	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	

18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Occlusion (A) DUE TO	CAUSE OF DEATH Coronary Occlusion	INTERVAL BETWEEN ONSET AND DEATH 15 min
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Coronary sclerosis (B) DUE TO	Coronary sclerosis	6 mos.
Arterial Hypertension (C) DUE TO	Arterial Hypertension	5+ yrs.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1946 to Dec, 1951, that I last saw the deceased alive on Dec 6, 1951, and that death occurred at 12:15 A. m., from the causes and on the date stated above.

23A. SIGNATURE Fredrick J. Volmer M. D. 23B. ADDRESS 6100 York Road 23C. DATE SIGNED Dec 7 1951

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12-10-1951	24C. NAME OF CEMETERY OR CREMATORY New Cathedral	24D. LOCATION (City, town, or county) (State) 3000 E. Baltimore Md.
DATE RECEIVED BY LOCAL REGISTRAR DEC 8 - 1951	REGISTRAR'S SIGNATURE <u>William H. Williams</u>	25. FUNERAL DIRECTOR <u>John A. Moran</u>	ADDRESS 3000 E. Baltimore St.

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MK-153713
51 10617

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

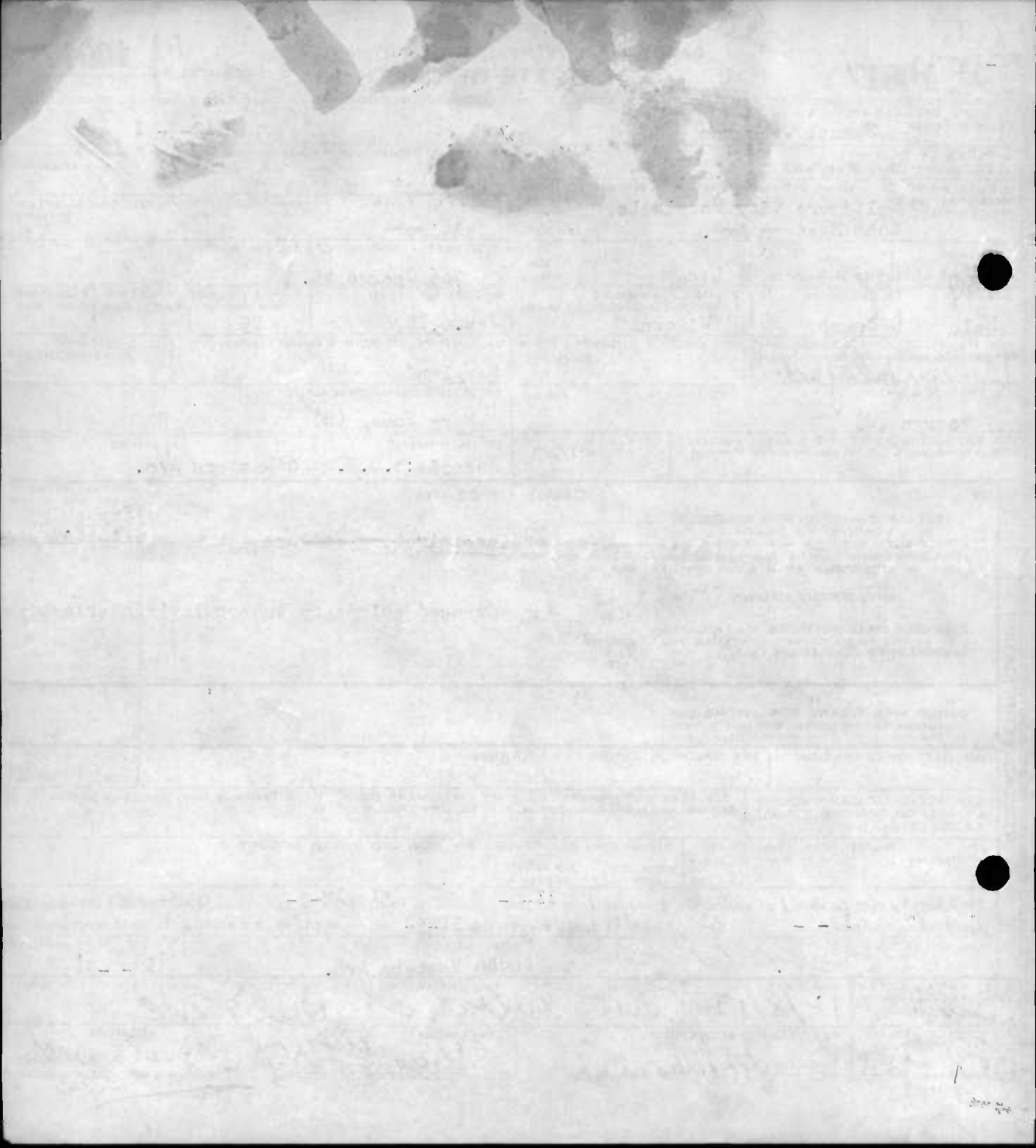
51 10617
Registered No.

1. NAME OF DECEASED (Type or Print) Samuel Osbourne			2. DATE OF DEATH 12-3-51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR Baltimore City Hospitals INSTITUTION 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 766 George St.		
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 6, 1876	9. AGE (In years last birthday) 75	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed			11. BIRTHPLACE (State or foreign country) Maryland		
13. FATHER'S NAME George (D)			14. MOTHER'S MAIDEN NAME Mary Young (D)		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Records B.C.H. 4940 Eastern Ave.			ADDRESS		

18. 00 r X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Cardiorespiratory Failure	CAUSE OF DEATH Cardiorespiratory Failure	INTERVAL BETWEEN ONSET AND DEATH Probably 2 yrs. but undetermined
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Far advanced pulmonary tuberculosis undetermined	Far advanced pulmonary tuberculosis undetermined	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-6- , 19 51 , to 12-3- , 19 51 , that I last saw the deceased alive on 12-3- , 19 51 , and that death occurred at 11-52 m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Rob. Hogan</i>		23B. ADDRESS 4940 Eastern Ave.		23C. DATE SIGNED 12-7-51	

24A. BURIAL CREMA- TION REMOVAL (Specify) Burial	24B. DATE 12/8/51	24C. NAME OF CEMETERY OR CREMATORY mt Auburn	24D. LOCATION (City, town, or county) (State) Balt Me
DATE RECEIVED BY LOCAL REGISTRAR DEC 8 - 1951	REGISTRAR'S SIGNATURE <i>William Williams, M.D.</i>	25. FUNERAL DIRECTOR Chas G. W. 512 Canwell	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 10618**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ALMA S. HASTINGS

2. DATE
OF
DEATH

December 8, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

Barroll

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Maryland General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

New Windsor

D. STREET ADDRESS (If rural, give location)

5600

Length of stay in Baltimore

7 Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

7/28/1888

9. AGE (In years last birthday)

63

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Calcutta India

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Richard C. Hastings

14. MOTHER'S MAIDEN NAME

Minnie Trux

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Anna Hastings New Windsor

18. **490X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Lobar pneumonia**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Partial Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley K. Dubach

M.D.

23B. CHIEF MEDICAL EXAMINER.....☐
ASSISTANT MEDICAL EXAMINER.....☒
MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED
Dec. 8, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12/11/51

24C. NAME OF CEMETERY OR CREMATORY

Presbyterian Cem.

24D. LOCATION (City, town, or county)

New Windsor Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

D. D. Hartley & Son New Windsor Md.

1961

CONFIDENTIAL

1961

DATA

1961

CONFIDENTIAL

1961

1961

1961

621
51 10619
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10619
Registered No.

1. NAME OF DECEASED (Type or Print) <u>ELLEN B. Warzbacher</u>			2. DATE OF DEATH <u>12/7/51</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>3612 Frankford Ave</u> B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>3612 FRANKFORD AVE</u> C. Length of stay in Baltimore <u>42</u> Yrs. Mos. Days			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <u>BALTIMORE</u> B. COUNTY <u>27-34</u> C. CITY OR TOWN <u>SAME</u> D. STREET ADDRESS (If rural, give location) <u>3612 FRANKFORD AVE</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>	8. DATE OF BIRTH <u>MAR-1-1868</u>		9. AGE (In years, last birthday) <u>83</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE KEEPER</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>SELF</u>	11. BIRTHPLACE (State or foreign country) <u>VIRGINIA</u>		12. CITIZEN OF WHAT COUNTRY? <u>YES</u>
13. FATHER'S NAME <u>UNKNOWN</u>			14. MOTHER'S MAIDEN NAME <u>ELLEN BAYLER</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT <u>CATHERINE M. KOSTENS</u> ADDRESS		

18. <u>422-1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) <u>Cardiovascular Disease</u> DUE TO <u>arteriosclerotic</u> (B) DUE TO (C) <u>Melancholia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 YRS</u> <u>2 YRS</u>
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19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from 4-7, 1949 to 12-7, 1951, that I last saw the deceased alive on 12-7, 1951, and that death occurred at 7:30 P m., from the causes and on the date stated above.

23A. SIGNATURE <u>E. C. Sing</u>		23B. ADDRESS <u>2074 E. Belvidere Ave</u>		23C. DATE SIGNED <u>11-2-8-51</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24B. DATE <u>12/10/51</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Immortal Care</u>	24D. LOCATION (City, town, or county) (State) <u>Balt. & Prince Georges</u>		
DATE RECEIVED BY LOCAL REGISTRAR <u>DEC 8 - 1951</u>		REGISTRAR'S SIGNATURE <u>W. H. Williams, M.D.</u>		25. FUNERAL DIRECTOR <u>Chas P. Towell</u> ADDRESS <u>2427 Edmondson Ave</u>	

Dr^{CE} Lima

2074 BELVEDERE AVE

QL 4370

M-620
51 10620BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 10620

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Mrs. Mary Stella Marks</u>			2. DATE OF DEATH <u>Dec. 4, 1951</u>		
3. PLACE OF DEATH: A. <u>Baltimore City, Maryland</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <u>St. Joseph's Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>Essex</u>		
Length of stay in Baltimore <u>3yr</u> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <u>305 S. Marlyn Avenue</u> <u>5300</u>		
5. SEX <u>Fe.</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 4, 1918</u>	9. AGE (In years last birthday) <u>33</u>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hwife.</u>			11. BIRTHPLACE (State or foreign country) <u>Pennsylvania</u>		
13. FATHER'S NAME <u>Unknown</u>			14. MOTHER'S MAIDEN NAME <u>Unknown</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			17. INFORMANT <u>Husband</u> ADDRESS <u>305 S. Marlyn Ave</u>		
16. SOCIAL SECURITY NO.					

18. <u>581.0</u> CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <u>CIRRHOSIS OF LIVER.-</u> (A) DUE TO	
ANTECEDENT CAUSES (B) DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <u>✓</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>11/29/</u> , 1951, to <u>12/4/</u> , 1951, that I last saw the deceased alive on <u>12/4/</u> , 19 <u>51</u> , and that death occurred at <u>1:00 P.M.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>[Signature]</u> M. D.		23B. ADDRESS <u>1400 N. Caroline Street</u>		23C. DATE SIGNED <u>12/4/51</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>12/10/51</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Sacred Heart</u>	
24D. LOCATION (City, town, or county) <u>German Hill Rd. Md.</u>		24E. DATE RECEIVED BY LOCAL REGISTRAR <u>DEC 9 - 1951</u>		24F. REGISTRAR'S SIGNATURE <u>[Signature]</u>	
25. FUNERAL DIRECTOR <u>John J. Connelly</u>		ADDRESS <u>Essex 21.</u>		124 B md.	

Aug. 1918

2000. 1000. 1000.

Handwritten

1000. 1000. 1000.

Handwritten

J-520
51 10621BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51-10621

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HOWARD J. JONES

2. DATE
OF
DEATH

Dec. 5, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Baltimore City Hospitals

C. CITY OR TOWN

Colgate

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Northpoint Road & Bayview Avenue

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Aug 30 - 1921

9. AGE (In years
last birthday)

30

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Bartender

10B. KIND OF BUSINESS OR
INDUSTRY

Taverner.

11. BIRTHPLACE (State or foreign country)

Balto. Co.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles J. Jones

14. MOTHER'S MAIDEN NAME

Theresa Schank

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Parents North Pt. Rd. & Bayview Ave.

18. E 970.2 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Barbiturate poisoning

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Acute alcoholism

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

home

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

Northpoint Rd. & Bayview Ave.

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Found 12-5-51

A. m.

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☒
AT WORK

21F. HOW DID INJURY OCCUR?

Ingestion of barbiturate

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

R S Fisher

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Dec. 5, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/10/51

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn

24D. LOCATION (City, town, or county) (State)

Eastern Ave. Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Washington Williams, Jr.

25. FUNERAL DIRECTOR

John V. Connelly

ADDRESS

418 Eastern

VS 151

N-971.0

750 64

0163B Balto. Md.

1930

STANTON, ILLINOIS

1930

1930



11

N-200

51 10622

CERTIFICATE CORRECTED

3-6-52

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10622

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Samuel Nock		2. DATE OF DEATH 12/7/1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Good Samaritan Home & Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 910 Harlem Avenue		16-01	
5. SEX Male		6. COLOR OR RACE Col.	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan-1-1902	
9. AGE (in years last birthday) 49		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Former Trackman	
11. BIRTHPLACE (State or foreign country) Melfa Virginia		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME George Nock		14. MOTHER'S MAIDEN NAME Ida Nock	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO.	
17. INFORMANT Elton Nock		ADDRESS 910 Harlem Avenue	

18. 4221 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
(A) ARTERIAL SCLEROSIS - CORONARY DUE TO VASCULAR DISEASE 2 RIGHT SIDED HEMIPLEGIA		
(B) CONGESTIVE HEART FAILURE DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office hldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **11/1**, 19**51**, to **12/8**, 19**51**, that I last saw the deceased alive on **12/8**, 19**51**, and that death occurred at **8:10** m., from the causes and on the date stated above.

23A. SIGNATURE Elton Nock		23B. ADDRESS 2510 ...		23C. DATE SIGNED 12/8/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/10/1951		24C. NAME OF CEMETERY OR CREMATORY Brightens Cem.	
24D. LOCATION (City, town, or county) Melfa Virginia		(State)			

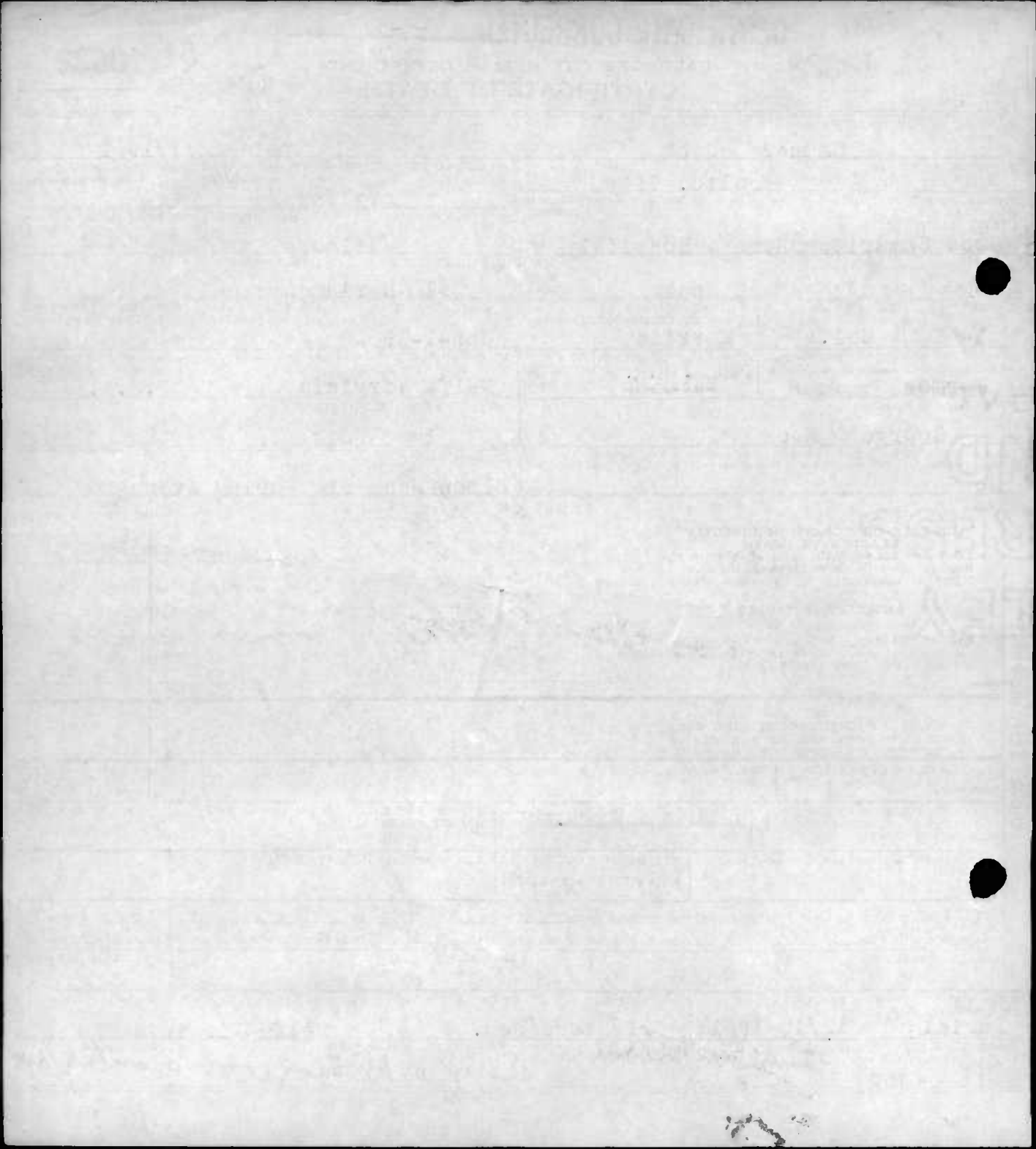
DATE RECEIVED BY LOCAL REGISTRAR DEC 9 - 1951		REGISTRAR'S SIGNATURE William Williams, M.D.		FUNERAL DIRECTOR'S ADDRESS Elton Nock, 1001 Brightens Ave	
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VS 150

10010

937

MEDICAL CERTIFICATION



T-643
51 10623BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10623

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Louise Larue Tarlton</i>		2. DATE OF DEATH <i>Dec 8, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Louisiana</i> B. COUNTY <i>V-16</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Union Memorial Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>New Orleans</i>			
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>3615 St. Charles Ave</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>Jan 15, 1887</i>	9. AGE (in years last birthday) <i>64</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>School teacher</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Louisiana</i>	
12. CITIZEN OF WHAT COUNTRY? <i>USA.</i>		13. FATHER'S NAME <i>Ferdinand Larue</i>		14. MOTHER'S MAIDEN NAME <i>Anna LeGardeur</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	

18. *420.0 I* CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) *ARTERIOSCLEROTIC HEART DISEASE*
DUE TO *ACUTE PULMONARY EDEMA.*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

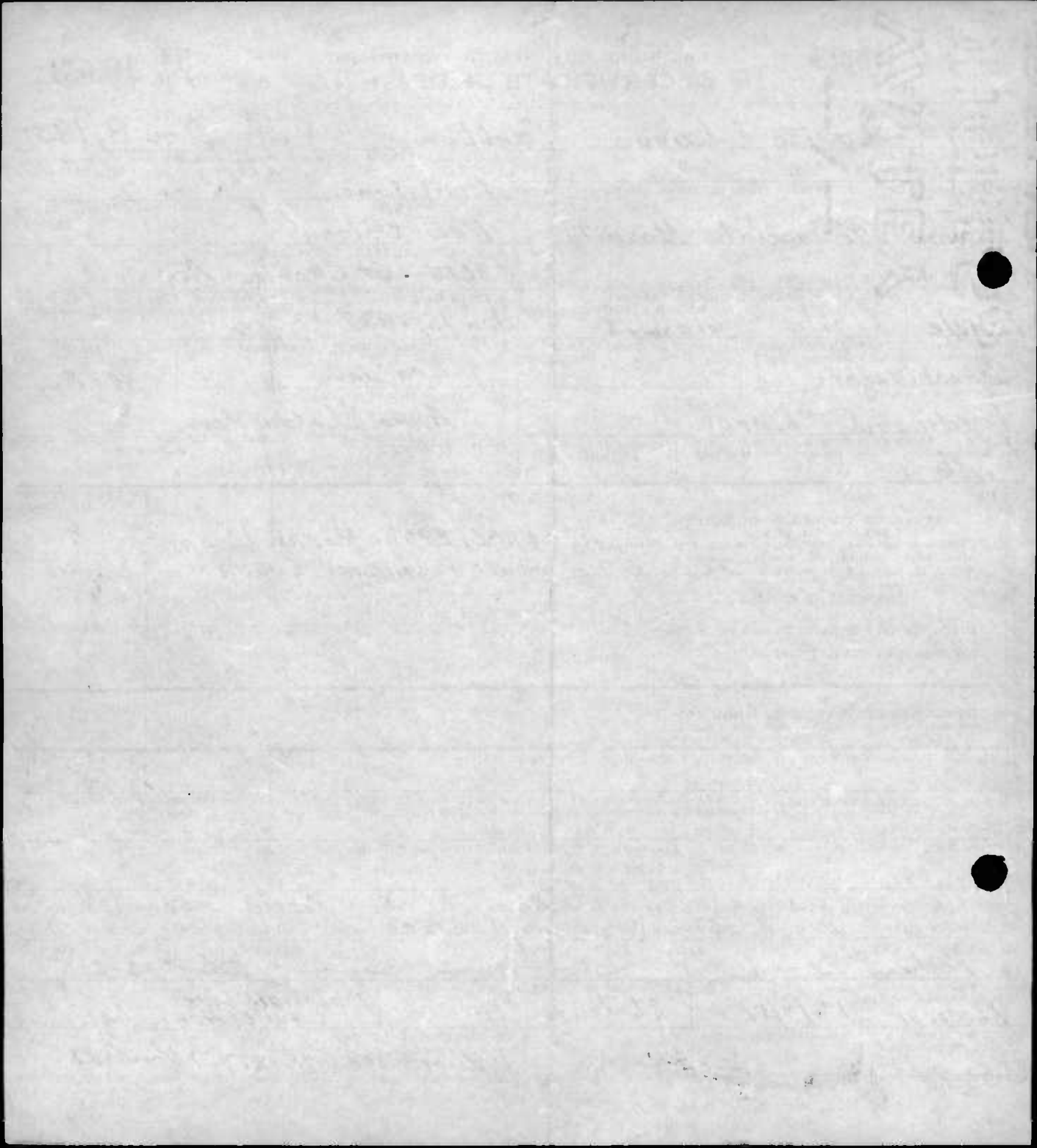
(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <i>✓</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> ND <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *Dec 7, 1951* to *Dec 8, 1951*, that I last saw the deceased alive on *Dec 8, 1951* and that death occurred at *2:15 a.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Richard Beach</i>		23B. ADDRESS <i>Union Memorial Hosp.</i>		23C. DATE SIGNED <i>12-8-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24B. DATE <i>12/8/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>St Louis Cem.</i>	
				24D. LOCATION (City, town, or county) (State) <i>Esplanade Ave New Orleans La.</i>	

DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <i>William C. Williams</i>		25. FUNERAL DIRECTOR <i>William Cook Inc. 1217 St Paul St</i>	
----------------------------------	--	---	--	--	--



51 10624
M-300
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10624
Registered No.

1. NAME OF DECEASED (Type or Print) BRIDGIT MAYOTT		2. DATE OF DEATH DECEMBER 7 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland 45 06 Sorrente Rd.		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Colonial Nursing and Convalescent Home		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) XXXXXXXX Dundalk	
5. SEX Female		6. COLOR OR RACE White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Oct. 7 1880	
9. LENGTH OF stay in Baltimore		10. STREET ADDRESS (If rural, give location) 3401 Cornwall Rd.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) Brooklyn N.Y.	
10B. KIND OF BUSINESS OR INDUSTRY Home		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Patrick Burnes		14. MOTHER'S MAIDEN NAME Elizabeth Lennon	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Clarence Mayott (Son)		ADDRESS 3401 Cornwall Rd.	

18. 450.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Myocardial Failure		INTERVAL BETWEEN ONSET AND DEATH 1 hour
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Generalized arteriosclerosis		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Senile Dementia		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **June 1950** to **Dec 7, 1951**, that I last saw the deceased alive on **12-1, 1951**, and that death occurred at **6 P** m., from the causes and on the date stated above.

23A. SIGNATURE William L. Jeany		23B. ADDRESS 3025 Belair Road		23C. DATE SIGNED 12-8-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec. 11 1951		24C. NAME OF CEMETERY OR CREMATORY Holy Cross Cemetery	
24D. LOCATION (City, town, or county) Brooklyn N.Y.		24E. FUNERAL DIRECTOR Frank Della Voe		24F. ADDRESS 322 S. High St.	

W. J. 1933

RECEIVED

Misses' and Mrs.

and Mrs.

and Mrs.

and Mrs.

and Mrs.

and Mrs.

and Mrs.

and Mrs.

and Mrs.

and Mrs.

and Mrs.

and Mrs.

and Mrs.

and Mrs.

and Mrs.

W. J. 1933

A-325
51 10625BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 10625

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

PRISCILLA ELEANORE ATKIN.

2. DATE
OF
DEATH

Dec. 8, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Baltimore City, Md.*B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION *Edgewood Nursing Home.**6000 Bellona Ave. Baltimore, Md.*Yrs.
Mos.
Days

Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE B. COUNTY

Maryland, Whiteford, Harford County.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Whiteford, Harford County, Md.

D. STREET ADDRESS (If rural, give location)

Whiteford P.O. 6200

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

*June 23, 1872*9. AGE (in years
last birthday)*79*

If Under 1 Year

Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

*Harford Co. Md.*12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Henry W. McKoy

14. MOTHER'S MAIDEN NAME

*Eleanor Wildt*15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

P. P. Atkin Whiteford Md.

18. 331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Cerebral Hemorrhage.*

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH*Two days*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Hypertension.*

DUE TO

One year.(C) *Generalized Arteriosclerosis.**Five years.*

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.*None.*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Oct 9,* 1951, to *Dec. 8,* 1951, that I last saw the
deceased alive on *Dec. 8,* 1951, and that death occurred at *2:50 P.m.,* from the causes and on the date stated above.

23A. SIGNATURE

Frank N. Giden

M. D.

23B. ADDRESS

2701 N. Calvert St.

23C. DATE SIGNED

*Dec. 8, 1951.*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

12-11-1951

24C. NAME OF CEMETERY OR CREMATORY

Gate Bridge Cemetery, Balt., Pa.

24D. LOCATION (City, town, or county)

(State)

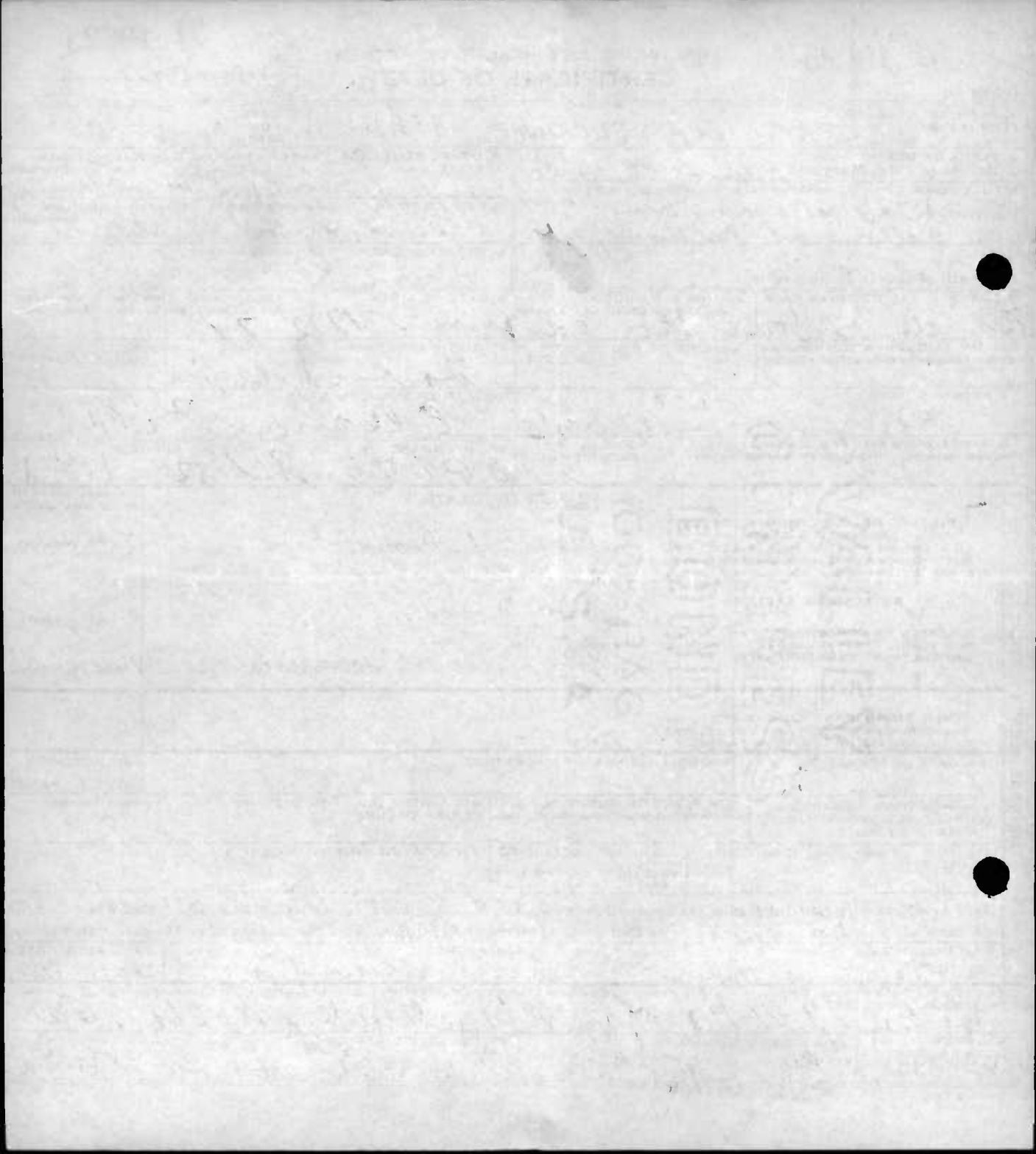
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*DEC 9 - 1951**William H. Williams**Robert A. Harbin, Balt., Pa.*



F-500
51 10626BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10626

BIRTH NO.

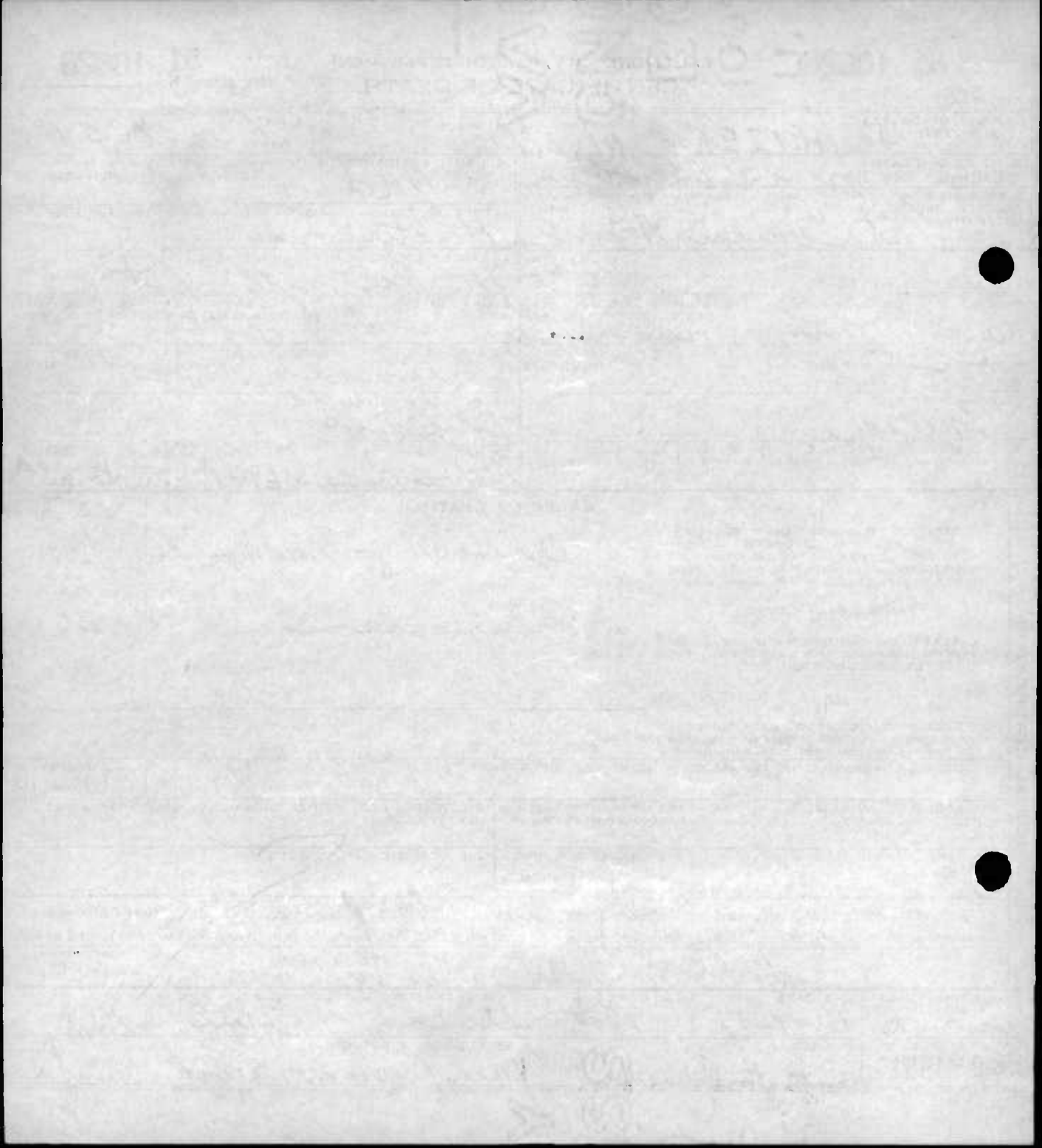
1. NAME OF DECEASED (Type or Print) HEIZER FINE		2. DATE OF DEATH 12-8-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland 2476 Shirley Ave		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Mt Carmel Home		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore 5-01	
C. Length of stay in Baltimore 35 Yrs. Mo. Days		D. STREET ADDRESS (If rural, give location) 118 Asquith St	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Phelph		14. MOTHER'S MAIDEN NAME Bryant	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT Morris Fine		ADDRESS 3643 Reisterstown Rd	

18. 4221	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Chronic Myocardial Degeneration	3 yr.
DUE TO		(B) Arteriosclerosis	3 yr.
DUE TO		(C)	
ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
II			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Nov. 1**, 1951 to **Dec. 8**, 1951, that I last saw the deceased alive on **Dec. 8**, 1951, and that death occurred at **8:15 P. m.**, from the causes and on the date stated above.

23A. SIGNATURE A. J. Fullard	23B. ADDRESS 707 E. Fort Ave.	23C. DATE SIGNED 12-8-51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12-9-51	24C. NAME OF CEMETERY OR CREMATORY Rosedale
24D. LOCATION (City, town, or county) (State) Baltimore Md		25. FUNERAL DIRECTOR Jack Lewandowski
DATE RECEIVED BY LOCAL REGISTRAR DEC 9 - 1951		ADDRESS 2100 Eutaw Pl



R-534

51 10627

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10627
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SONIA RANTAH

2. DATE
OF
DEATH

12-8-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

D. STREET ADDRESS (If rural, give location)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

3246 Sequoia Ave

C. Length of stay in Baltimore

40

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years,
last birthday)11 Under 1 Year
Months: Days
11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

14. MOTHER'S MAIDEN NAME

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 151X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) Broncho Pneumonia (terminal)
DUE TOINTERVAL BETWEEN
ONSET AND DEATH

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Carcinoma of the
DUE TO

5 months

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.(C) Carcinoma of the stomach
DUE TO

3 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 19th to Dec. 1st, 1951, that I last saw the
deceased alive on Dec. 1st, 1951, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

46B

zuerling

C-638
51 10628BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10628

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LILIAN BARRON CARTEE

2. DATE
OF
DEATH

12-7-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

2438 Callow Ave

Yrs.
Mos.
Days

C. Length of stay in Baltimore

Life

4. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

Joseph

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

12-7-51

9. AGE (In years,
last birthday)11 Under 1 Year
Months: Days12 Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Hannah

17. INFORMANT

ADDRESS

Charles Cartee - same

18.

170 X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

1 year

10 years

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

10 years ago

19B. MAJOR FINDINGS OF OPERATION

Ca of the breast

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1, 1950 to Dec. 7, 1951 that I last saw the
deceased alive on Dec 7, 1951 and that death occurred at 4:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Gregory S. Samuels

23B. ADDRESS

2138 W. Northwood

23C. DATE SIGNED

12/8/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12-9-51

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Hebrew

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

L. Williams, M.D.

25. FUNERAL DIRECTOR

Jack Lewis

ADDRESS

2100 Canton Rd

DEC 9 - 1951

VS 150

50

MEDICAL CERTIFICATION

2/28 10 North Ave
Lara Puri

M-620
51 10629

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10629
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HEBWIG MARX

2. DATE
OF
DEATH

12-8-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

4518 Wakefield Ave

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

Baltimore 28-03

D. STREET ADDRESS (If rural, give location)

4518 Wakefield Ave

Length of stay in Baltimore

5

Yrs.

Mos.

Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.

Female

White

married

7/4

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

not known

14. MOTHER'S MAIDEN NAME

not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Helge Salinger-

ADDRESS
Same

18. 331X 1

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Cerebral hemorrhage

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

24 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) arteriosclerosis

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 1946 to 12/8, 1951, that I last saw the deceased alive on 12-7, 1951, and that death occurred at 7 H m., from the causes and on the date stated above.

23A. SIGNATURE

John H. ...

M. D.

23B. ADDRESS

3921 Edmondson

23C. DATE SIGNED

12/8/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12-9-51

24C. NAME OF CEMETERY OR CREMATORY

Chever Chesed

24D. LOCATION (City, town, or county)

Landallstown Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wm. ...

25. FUNERAL DIRECTOR

Jack Lewis 2100 Eastern Pl

ADDRESS

DEC 9 - 1951

VS 150

83a

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

VALLEY
HIGHER'S
BOND
U.S.A.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 10630**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Katie Burkom		2. DATE OF DEATH 12/8/57	
3. PLACE OF DEATH: A. Baltimore City, Maryland Sinai Hospital.		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MD. B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Sinai Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-10	
5. Length of stay in Baltimore 6 yrs.		D. STREET ADDRESS (If rural, give location) 4030 Boorman Ave.	
SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single.	8. DATE OF BIRTH 4/13/45
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday) 6 yrs.	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore Md.	
13. FATHER'S NAME Robert Burkom		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	

18. 474X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Laringo - Tracheitis.	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH 2 days.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. tracheal Obstruction.	(A) DUE TO (B) DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 2/		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12/8/57 , 19 57 , to 12/8 , 19 57 , that I last saw the deceased alive on 12/8 , 19 57 , and that death occurred at 11:45 Am. , from the causes and on the date stated above.					
23A. SIGNATURE Nathan Vishin S.		23B. ADDRESS Sinai Hospital		23C. DATE SIGNED 12/8/57	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec 9/57		24C. NAME OF CEMETERY OR CREMATORY Beth Israel Cong. Cntry		24D. LOCATION (City, town, or county) (State) Balto Md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 9 - 1957		REGISTRAR'S SIGNATURE William H. Williams		25. FUNERAL DIRECTOR Sol Levenson + Bus		ADDRESS 126W North ave	

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Med Exam Case

A-325
51 10631BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10631

BIRTH NO.

1. NAME OF DECEASED (Type or Print) William Datson		2. DATE OF DEATH December 6, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland Geek Run		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-01	
D. STREET ADDRESS (If rural, give location) 1517 Coney St.			
5. SEX male		6. COLOR OR RACE Colored	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 2/6/1880	
9. AGE (In years last birthday) 71		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed	
11. BIRTHPLACE (State or foreign country) md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME -		14. MOTHER'S MAIDEN NAME -	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. -	
17. INFORMANT JOHNS HOPKINS HOSPITAL		ADDRESS	

18. 151X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of stomach + prostate DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 10-51		19B. MAJOR FINDINGS OF OPERATION Carcinoma of stomach + metastasis		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

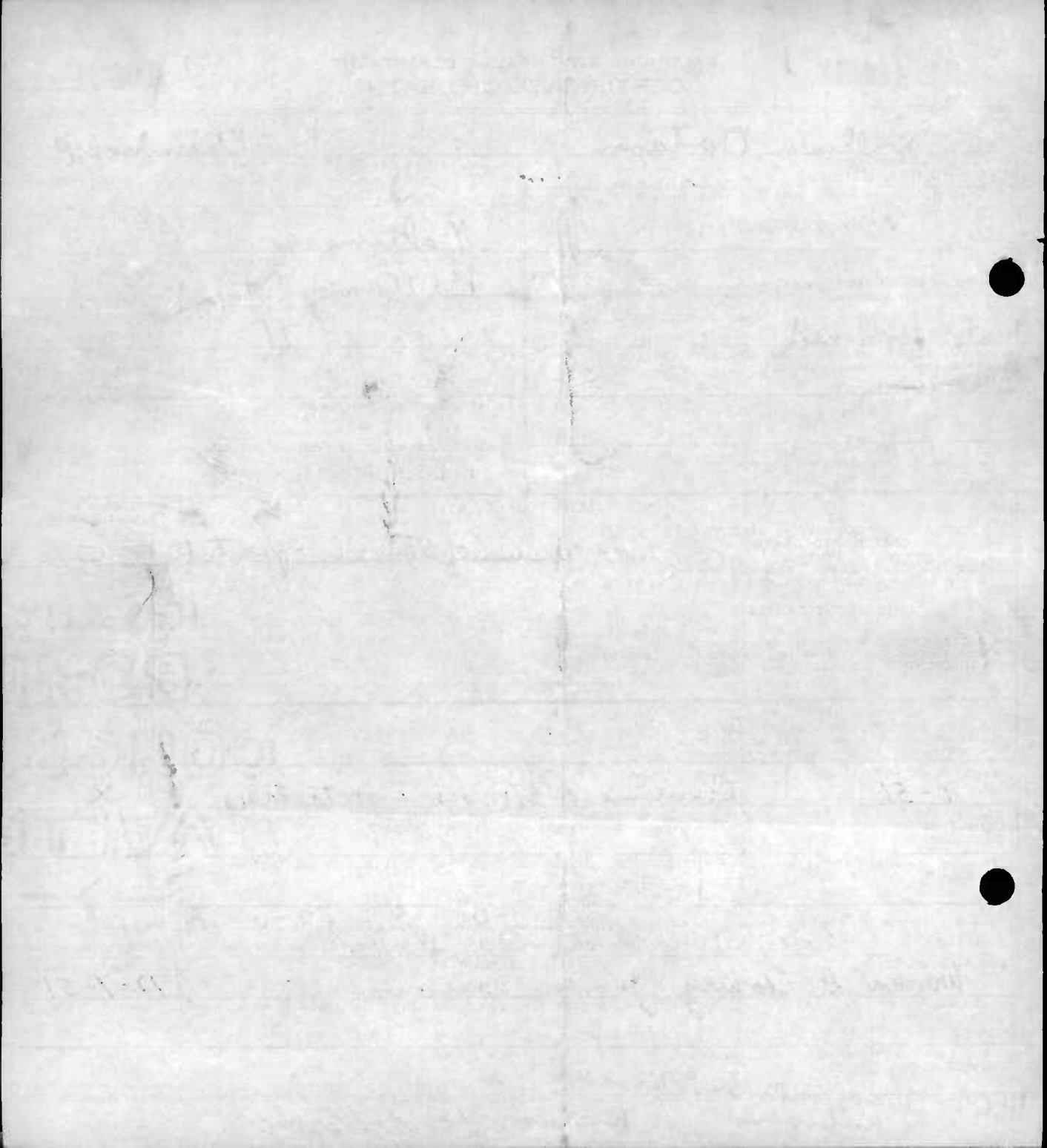
22. I hereby certify that I attended the deceased from **12-6**, 1951, to **12-6**, 1951, that I last saw the deceased alive on **12-6**, 1951, and that death occurred at **7 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE Walter A. Cochran, Jr. M. D.		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 12-7-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 12/9/51		24C. NAME OF CEMETERY OR CREMATORY EBERNEZER CEMETERY	
24D. LOCATION (City, town, or county) LANHAM, MD.		24E. DATE RECEIVED BY LOCAL REGISTRAR		24F. REGISTRAR'S SIGNATURE William Williams	

25. FUNERAL DIRECTOR **CHARLES G. COOPER-562 CARROLLTON** ADDRESS

DEC 9 1951
Released to hospital **Charles Cooper** 46B

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 10632** ³²

BIRTH NO. 51 10632		1. NAME OF DECEASED (Type or Print) FRANK PARKER		2. DATE OF DEATH November 30, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE _____ B. COUNTY _____			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR Found Harbor INSTITUTION Pier - 4 - Pratt St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) _____			
D. STREET ADDRESS (If rural, give location) _____		E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH _____		9. AGE (in years last birthday) _____ If Under 1 Year: Months _____ Days _____ If Under 24 Hours: Hours _____ Min. _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer		10B. KIND OF BUSINESS OR INDUSTRY Printing		11. BIRTHPLACE (State or foreign country) _____	
12. CITIZEN OF WHAT COUNTRY? _____		13. FATHER'S NAME _____			
14. MOTHER'S MAIDEN NAME _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Unknown			
16. SOCIAL SECURITY NO. 230-07-2780		17. INFORMANT _____ ADDRESS _____			

MEDICAL CERTIFICATION

18. E929.8 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Drowning, found drowned (A) _____ DUE TO _____		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES (B) _____ DUE TO _____		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____		

19A. DATE OF OPERATION _____		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Harbor	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) West side of Pier 4, Pratt Street			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Found 11/30/51 m.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Drowning (Found Drowned) 4-1			

I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, **accident** ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>Stanley V. Dineen</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED 12/3/51	
22A. BURIAL, CREMATION, REMOVAL (Specify) Burial	22B. DATE December 19, 1951	22C. NAME OF CEMETERY OR CREMATORY Willow Valley Cemetery	22D. LOCATION (City, town, or county) (State) Monroeville, North Carolina	25. FUNERAL DIRECTOR Wm. Cook Inc. 1217 N. Paul St.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 9 - 1951		REGISTRAR'S SIGNATURE <i>Wm. Cook</i>			

N 990 X

512 4M

183

B-324
51 10633BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

51410633

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		KUNIGUNDA BITZELBERGER		December 7, 1951.	
3. PLACE OF DEATH: A. Baltimore City, Maryland 3307 Fleet St.				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF HOSPITAL OR INSTITUTION				A. STATE Md. B. COUNTY	
Length of stay in Baltimore About 63 Yrs. Mos. Days				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-11	
D. STREET ADDRESS (If rural, give location) 3307 FLEET ST.					
5. SEX Female		6. COLOR OR RACE White		8. DATE OF BIRTH March 16, 1875	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed		9. AGE (In years last birthday) 76		10. Under 1 Year Months; Days 11. Under 24 Hours Hours; Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10B. KIND OF BUSINESS OR INDUSTRY House Work		11. BIRTHPLACE (State or foreign country) Germany	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME John Wolf		14. MOTHER'S MAIDEN NAME Marguerita Schmidt	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) --		16. SOCIAL SECURITY NO. --		17. INFORMANT ADDRESS Mrs. George G. Pleines 3307 Fleet ST.	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO CORONARY THROMBOSIS ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO ANTERIORELEVANS OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH 4 days ?	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 19 46, 19, to 12-7, 1951, that I last saw the deceased alive on 12-6, 19 51, and that death occurred at 8:00 A.M. from the causes and on the date stated above.					
23A. SIGNATURE J. N. Gaskel		23B. ADDRESS 637 S. Conkling St.		23C. DATE SIGNED 12-8-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12-10-51		24C. NAME OF CEMETERY OR CREMATORY Sacred Heart Cemetery	
24D. LOCATION (City, town, or county) (State) 7401 German Hill Rd., Balto.co		25. FUNERAL DIRECTOR Charles S. Zeiler		ADDRESS 901 S. Conkling St.	

MEDICAL CERTIFICATION

DEC 9 - 1951
VS 150

94a

01:00:02.0

• 0 / -

• 98-11-260 18 100

P-362

12-19-51

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10634

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
(If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

Length of stay in Baltimore

5. SEX

MALE

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Baltimore Steel

13. FATHER'S NAME

Alexander Patterson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

710

17. INFORMATION

JOHNS HOPKINS HOSPITAL

ADDRESS

18. CAUSE OF DEATH

204.01

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

DUE TO

acute lymphoblastic leukemia

INTERVAL BETWEEN ONSET AND DEATH

2 mos

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

septicemia, due to B. proteus

10 da

DUE TO

sinusitis, rt. maxillary

10 da

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

leukopenia, severe

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

None

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

None

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

None

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

None

21D. TIME (Month) (Day) (Year) (Hour) INJURY

None

21E. INJURY OCCURRED WHILE AT WORK ☐ AT WORK ☒

21F. HOW DID INJURY OCCUR?

None

22. I hereby certify that I attended the deceased from 12/10, 1951, to 12/6, 1951, that I last saw the deceased alive on 12/6, 1951, and that death occurred at 1140 ft., from the causes and on the date stated above.

23A. SIGNATURE

Richard J. Johnson MD

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

6 Dec 51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

Dec. 9/51

24C. NAME OF CEMETERY OR CREMATORY

Whitesville N.C.

24D. LOCATION (City, town, or county)

Whitesville N.C.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

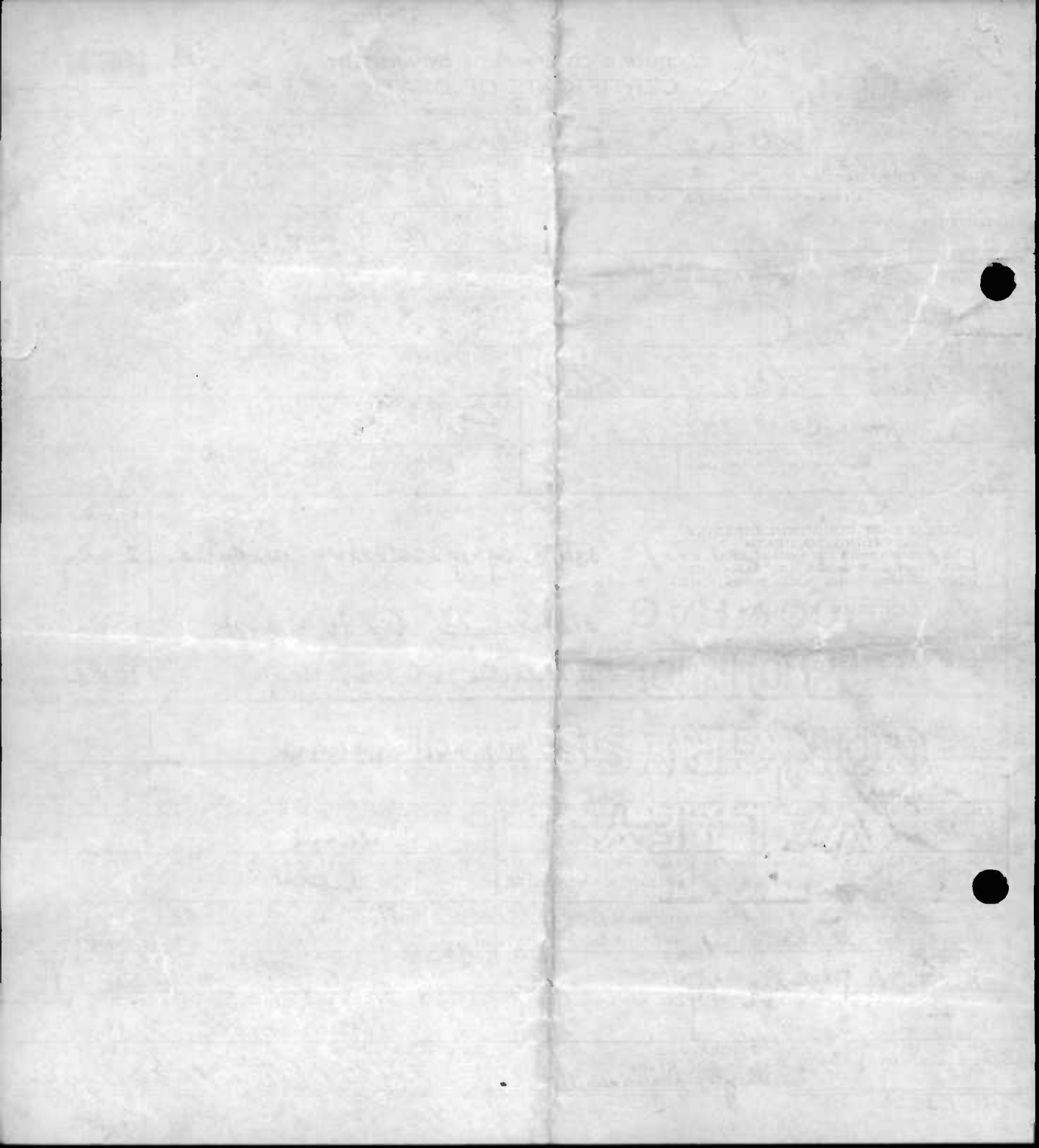
25. FUNERAL DIRECTOR

Address

Mrs. Robt. G. Elliott & Daughter

97099 1129 N. Caroline St. 74a

DEC 8 1951



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51 10635

FARROW

51 10635

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Annie Farrow

2. DATE
OF
DEATH

Dec-7-1957

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

148 W. Cross

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

md

B. COUNTY

23-01

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

148 W Cross

5. SEX

Female

6. COLOR OR RACE

Caucasian

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

- 1901

9. AGE (in years
last birthday)

50

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

N. Carolina

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Rudolph Farrow

14. MOTHER'S MAIDEN NAME

Priscilla Bender

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 490X
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

acute Sobar

DUE TO

Pneumonia

ANTECEDENT CAUSES

(B)

DUE TO

neghrite

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.INTERVAL BETWEEN
ONSET AND DEATH

3 wks

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 2, 1957, to Dec 9, 1957, that I last saw the
deceased alive on Dec 9, 1957, and that death occurred at 11 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Dor Farrow

M. D.

23B. ADDRESS

122 W. Lee

23C. DATE SIGNED

12/9/57

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

12-10-57

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cmtg

24D. LOCATION (City, town, or county) (State)

Baltimore

DATE RECEIVED BY
LOCAL REGISTRAR

DEC 10 1957

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

W. B. Spriggs - 139 W. Hamby St.

ADDRESS

VS 150

108

MEDICAL CERTIFICATION

RECORDS OF THE
CITY OF BOSTON

1864

1865

1866

1867

1868

1869

1870

1871

1872

1873

1874

1875

1876

1877

1878

1879

1880

1881

1882

1883

1884

1885

51 10636

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10636

Registered No.

BIRTH NO.

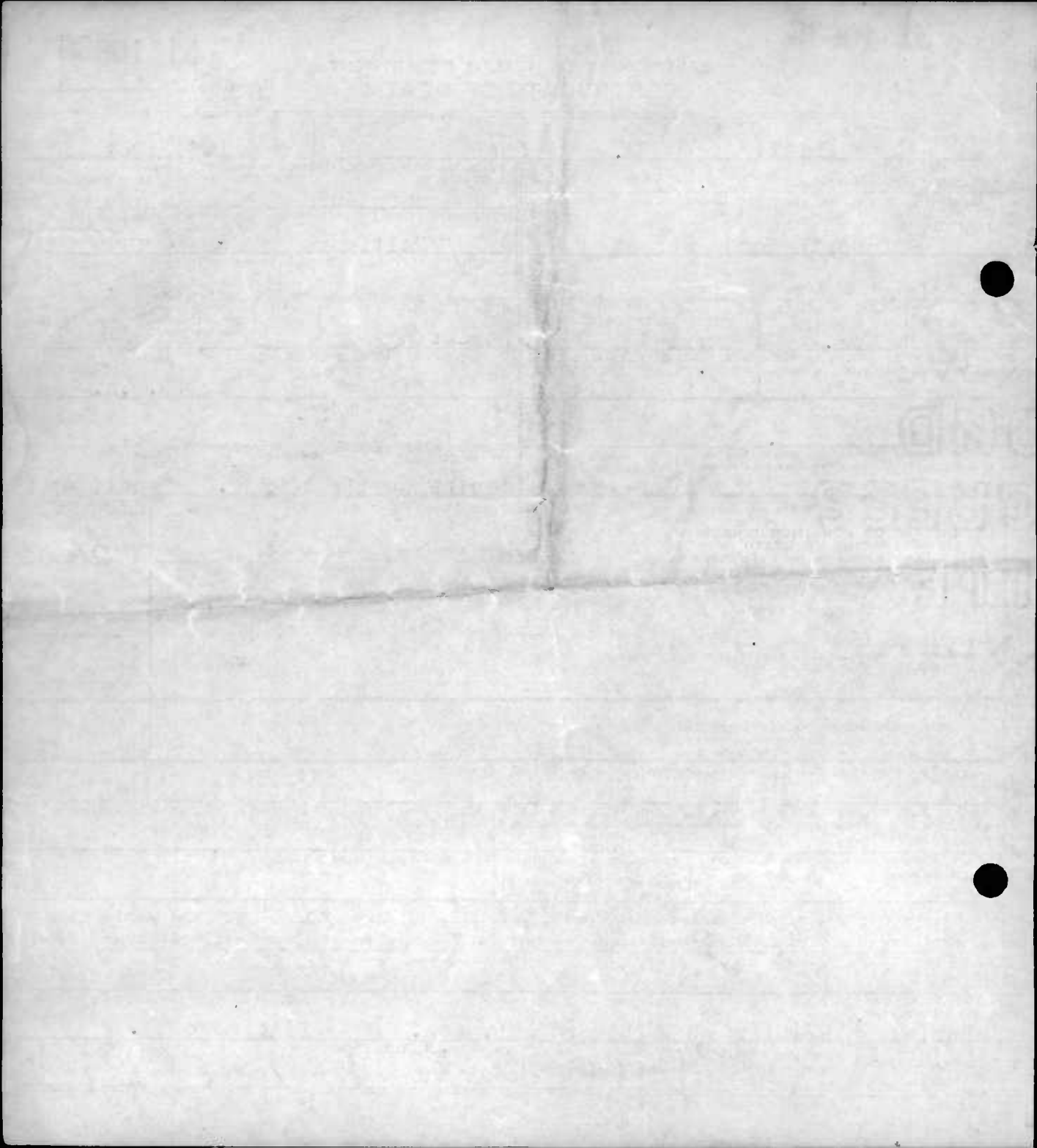
1. NAME OF DECEASED (Type or Print) Phillip O. Bush		2. DATE OF DEATH 12/6/1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 822 North Bond Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-04	
D. STREET ADDRESS (If rural, give location) 442 East 20th Street		E. LENGTH OF STAY IN BALTIMORE Life	
5. SEX Male	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug-8-1924
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Sparrow Point	9. AGE (In years last birthday) 27
13. FATHER'S NAME William F. Bush		11. BIRTHPLACE (State or foreign country) Baltimore	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Mary Dyson	
17. INFORMANT Louise Curtis		ADDRESS 1002 W. Lafayette Av	

18. 4/20/1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH Blues
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Myocarditis		2
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12/6 , 19 51 , to 12/6 , 19 51 , that I last saw the deceased alive on 12/6 , 19 51 , and that death occurred at 7:50 p. m., from the causes and on the date stated above.					
23A. SIGNATURE Reed A. Taylor		23B. ADDRESS 822 N. Bond St		23C. DATE SIGNED 12/8/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/10/1951		24C. NAME OF CEMETERY OR CREMATORY Baltimore Nat. Cem.	
24D. LOCATION (City, town, or county) Baltimore Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR DEC 10 1951		24F. REGISTRAR'S SIGNATURE Thurston Williams, Jr.	
24G. FUNERAL DIRECTOR Elroy D. Wilson		24H. ADDRESS 1100 Brunty Ave		24I. VS 150	

9703U

94a



20 51 10637

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10637
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Bertrude BROCK

2. DATE
OF
DEATH

Dec. 7, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)Baw-Wil-Ba-Gou-House "Springdale"
2101 W. ColdYrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

7

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

DIVORCED

8. DATE OF BIRTH

6-8-1905

9. AGE (In years
last birthday)

46

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

DOMESTIC

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MD

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

WESLEY JACKSON

14. MOTHER'S MAIDEN NAME

EMMA BROWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

ALICE SMITH 912 E. LOMBARD ST

18. 352X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

Hemiplegia

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

1 yr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1951, to Dec. 7, 1951, that I last saw the
deceased alive on 11-18, 1951, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

H. B. Johnson M. D.

23B. ADDRESS

403 Med Arts Bldg 12.7.51

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 10 1951

Joseph S. Roche, Jr. Baltimore, Md

1304 N. Central St

K-656
51 10638

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10638

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mr Walter Kraemer		2. DATE OF DEATH 8 Dec 51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Church Home & Hosp. Balt.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 8-06	
D. STREET ADDRESS (If rural, give location) 2033 E Sanvale St		E. LENGTH OF STAY IN BALTIMORE 57	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 24 Aug 1894
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber		10B. KIND OF BUSINESS OR INDUSTRY Contracting	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME August Kraemer		14. MOTHER'S MAIDEN NAME Margaret Cagers	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs Irene Kraemer		ADDRESS 2033 E Sanvale St	

18. **193X I**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Gloma of Brain
DUE TO

INTERVAL BETWEEN ONSET AND DEATH
6 mo.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C) DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 6 Dec 51	19B. MAJOR FINDINGS OF OPERATION Gloma	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Gloma	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **12 Nov 1951**, to **8 Dec 1951**, that I last saw the deceased alive on **7 Dec 1951**, and that death occurred at **7:55 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE
Dorothy E. Curbery M.D.

23B. ADDRESS
Church Home & Hosp Balt 31

23C. DATE SIGNED
8 Dec 51

24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 12/11/51	24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
--	------------------------------	--	--

DATE RECEIVED BY LOCAL REGISTRAR DEC 10 1951	REGISTRAR'S SIGNATURE Henry Sander	25. FUNERAL DIRECTOR HENRY SANDER & SONS, INC.	ADDRESS BALTO., 13, MD.
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VS 150

574 24

54a

1958

UNITED STATES DEPARTMENT OF HEALTH
CENTRAL FILE OF DEATH

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51 10639

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10639
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph Wieckowski

2. DATE
OF
DEATH

12.6.51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

South Balto. Gen.

C. Length of stay in Baltimore

40

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Md.

B. COUNTY

before admission)

C. CITY OR TOWN

Baltimore 1-02

D. STREET ADDRESS (If rural, give location)

3105 Fleet St.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Sugar Refining

13. FATHER'S NAME

Andrew Wieckowski

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

World War I 212.09.600

16. SOCIAL SECURITY NO.

212.09.600

17. INFORMANT

Mrs. Mary Wieckowski

ADDRESS (Same?)

18. 420.1 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A) Atherosclerosis C.V. Disease

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

Aug 2/51

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Acute Coronary Thrombosis

DUE TO

Aug 2/51

(C) Acute Coronary Occlusion

12-6-51

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

None

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

None

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

None

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

None

21D. TIME (Month) (Day) (Year) (Hour) INJURY

None

21E. INJURY OCCURRED

WHILE AT WORK ☒ WHILE AT HOME ☐

21F. HOW DID INJURY OCCUR?

None

22. I hereby certify that I attended the deceased from Aug 2, 1951, to Dec 6, 1951, that I last saw the deceased alive on Aug 9, 1951, and that death occurred at 8:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

S. S. Schumacher

M. D.

23B. ADDRESS

8428 East Ave

23C. DATE SIGNED

12-8-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12.11.51

24C. NAME OF CEMETERY OR CREMATORY

Sacred Heart of Mary German Hill

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

DEC 10 1951

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John J. Duda

ADDRESS

2829 Hudson

VS 150

97047

937

MEDICAL CERTIFICATION

12.5.21

Highly infectious

10.4.

10.4.21

10.4.21

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460
51 10640BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10640
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ROBERT M. MILLER

2. DATE
OF
DEATH

Dec. 7, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)
10 E. Madison St.4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
Md.B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BaltimoreD. STREET ADDRESS (If rural, give location)
10 E. Madison St.

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

Jan. 29, 1882

9. AGE (in years
last birthday)

69

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
Proprietor10B. KIND OF BUSINESS OR
INDUSTRY
Rooming House

11. BIRTHPLACE (State or foreign country)

Penna.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George Miller

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
no16. SOCIAL
SECURITY NO.
no

17. INFORMANT

Mr. George O. Miller - 500 W. Forest
View Rd.
Linthicum Heights, Md.

ADDRESS

ONSET AND DEATH

CAUSE OF DEATH

18. 331X I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)
Central Hemorrhage.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.
General Arterio Sclerosis

DUE TO

(C) Hypertension.

1 day.

5 year

3 years

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 6, 1951, to Dec 7, 1951, that I last saw the
deceased alive on Dec 7, 1951, and that death occurred at 9 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Richard T. Flickner

M. D.

23B. ADDRESS

1 E. Biddle St.

23C. DATE SIGNED

1/4/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/10/51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 10 1951

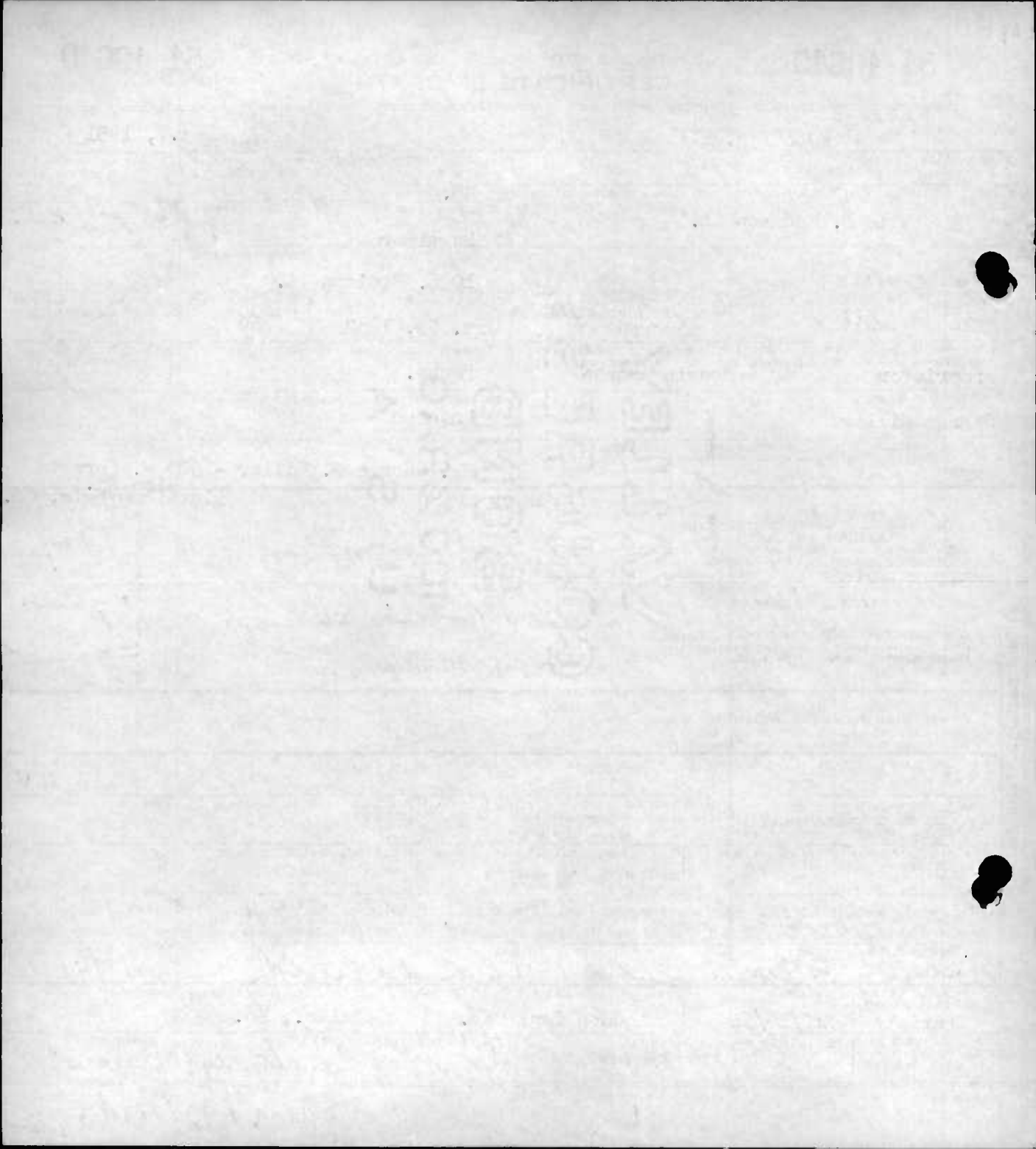
Rm. J. Flickner & Sons

VS 150

2908B

Balto 17, Md 83a

MEDICAL CERTIFICATION



400
51 10641BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10641
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) LAVENIA (LAVINIA) HALL		2. DATE OF DEATH December 7, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 802 W. Vine Street		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH -1910
10A. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) HOUSEWIFE		10B. KIND OF BUSINESS OR INDUSTRY OWN HOME	
11. BIRTHPLACE (State or foreign country) M.D.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME JOHN W. POLK		14. MOTHER'S MAIDEN NAME KATIE MATILDA THOMAS	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT LUCILLE MC DONALD		ADDRESS	

18. **443X I**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Hypertensive cardiovascular disease
DUE TO

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A)
(B)
(C)II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....23C. DATE SIGNED
Dec. 8, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

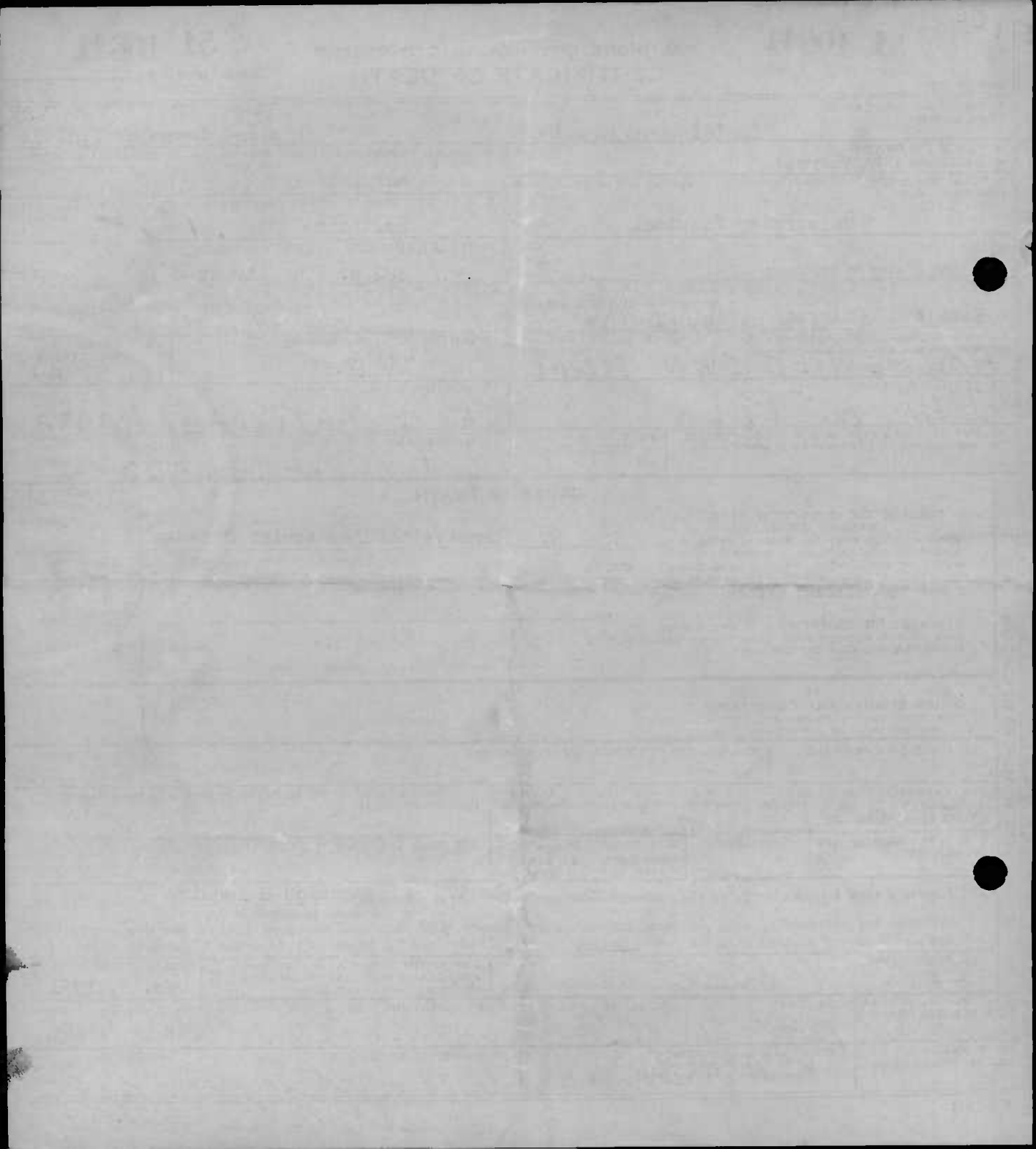
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



51 10642

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 10642

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MARY ALMA OWENS		2. DATE OF DEATH 12-7-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY none	
B. FULL NAME OF HOSPITAL OR INSTITUTION Maryland General Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 1331 Crofton Road		E. LENGTH OF STAY IN BALTIMORE 64 Yrs. Mos. Days	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 1-9-70
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		9. AGE (In years last birthday) 81	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Va.	
13. FATHER'S NAME Robert J. Dettor		12. CITIZEN OF WHAT COUNTRY? U. S.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Charles A. Reck, 1331 Crofton Road		ADDRESS	

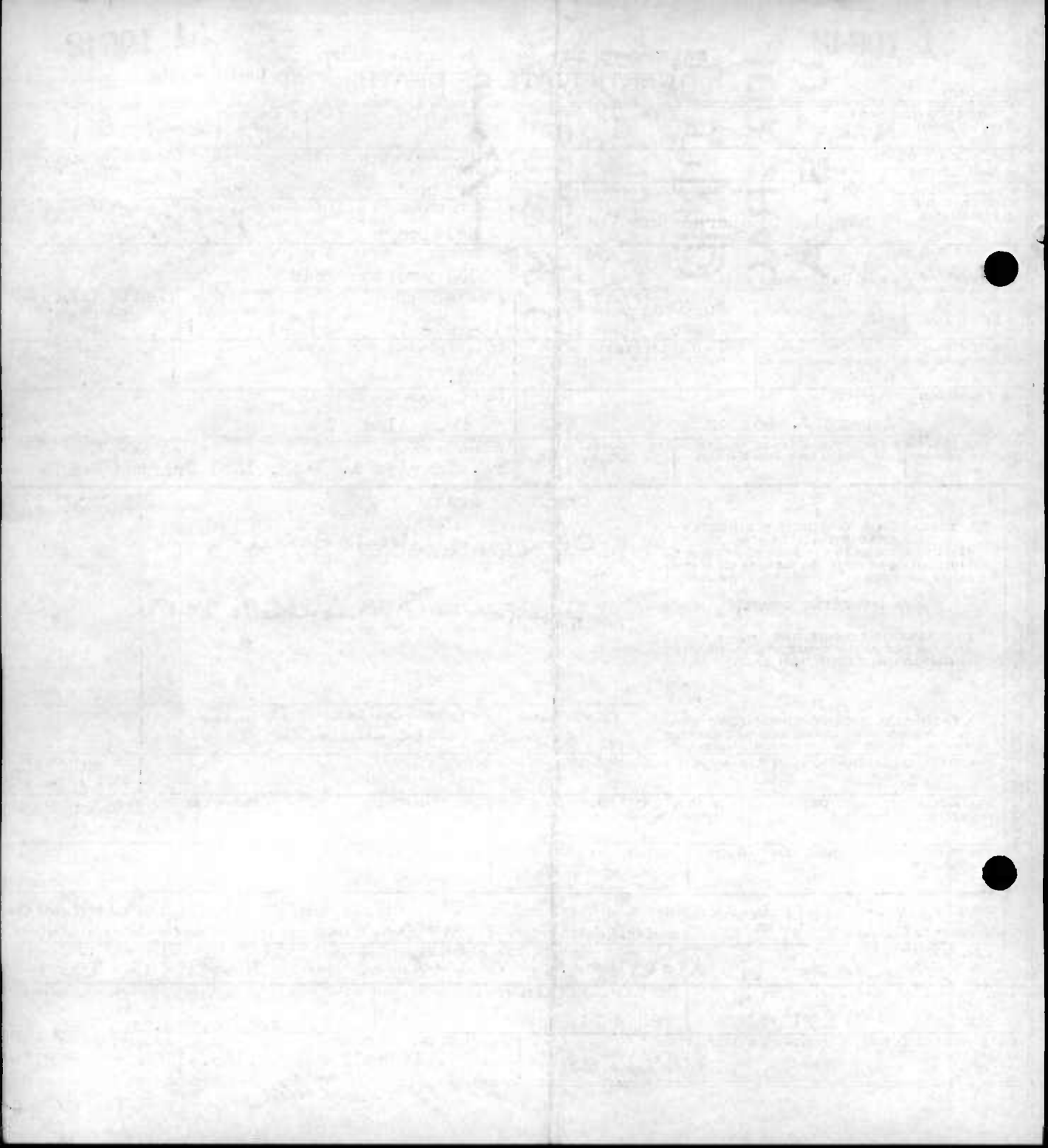
18. 420.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) Congestive Heart Failure DUE TO (B) Hypertensive Arteriosclerotic Ht. Ds. DUE TO (C) marked Abdominal Ascites - etiology unknown.	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION None	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **12-2-51**, 19__, to **12-7-51**, 19__, that I last saw the deceased alive on **12-6-51**, 19__, and that death occurred at **6:10A** m., from the causes and on the date stated above.

23A. SIGNATURE Donald W. MacPherson	23B. ADDRESS Maryland Gen. Hosp.	23C. DATE SIGNED 12-7-51
24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 12/10/51	24C. NAME OF CEMETERY OR CREMATORY Druid Ridge
24D. LOCATION (City, town, or county) (State) Pikesville, Md.		

DATE RECEIVED BY LOCAL REGISTRAR DEC 10 1951	REGISTRAR'S SIGNATURE W. B. Williams, M.D.	25. FUNERAL DIRECTOR John O. Mitchell & Sons, Inc.	ADDRESS -1900 Eutaw Place
--	--	--	-------------------------------------



623
51 10643BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10643

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FREDERICK WRIGHT

2. DATE
OF
DEATH

December 8, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Agnes Hospital

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

20-05

D. STREET ADDRESS (If rural, give location)

2641 Lehman Street

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 25-1886

9. AGE (In years
last birthday)

65

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Machinist

10B. KIND OF BUSINESS OR
INDUSTRY

B.O.R.R.

11. BIRTHPLACE (State or foreign country)

Baltimore Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Nicholas Wright

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Daisy J. Wright-2641 Lehman Street

18. E-816.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Subdural hematoma

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Necrosis of brain

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

Road

21C. WHERE INJURY OCCURRED (If in Baltimore City, give exact location)

Mount Road, Anne Arundel County 5200

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

November 26, 1951 m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Auto and auto collision

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Dineen M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Dec. 8, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 11-51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

24D. LOCATION (City, town, or county)

Baltimore Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 151

N-854.0

54450

F.B. WIPPERT & SON 1300 EUTAW PLACE

170c

MEDICAL CERTIFICATION

11-10-62

STATE OF NEW YORK

11-10-62

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11-10-62

51 10644

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10644

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Leila Bierley Hamm

2. DATE
OF
DEATH

Dec-8-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

Baltimore City

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Ashburton Nursing Home

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore City

6. STREET ADDRESS (If rural, give location)

1627 E. North Avenue

Length of stay in Baltimore

50 years

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

abt. June-21-1880

9. AGE (In years last birthday)

71

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Funkstown, Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Jacob Bierley

14. MOTHER'S MAIDEN NAME

Mary Ellen Leckrone

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL SECURITY NO.

None

17. INFORMANT

ADDRESS

George B. Hamm (son) 1627 E. North Ave.

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Bronchial Pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Cerebral Hemorrhage

DUE TO

(C)

Arterio Sclerosis

3 days
1st Aug. 15
2nd Dec 4.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 15, 1951, to Dec 8, 1951, that I last saw the deceased alive on Dec 7, 1951, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Dec-10-1951

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 10 1951

Stewart & Mowen Co., 108 W. North Ave.

VS 150

City #1.

83a

MEDICAL CERTIFICATION

4

1000 1000

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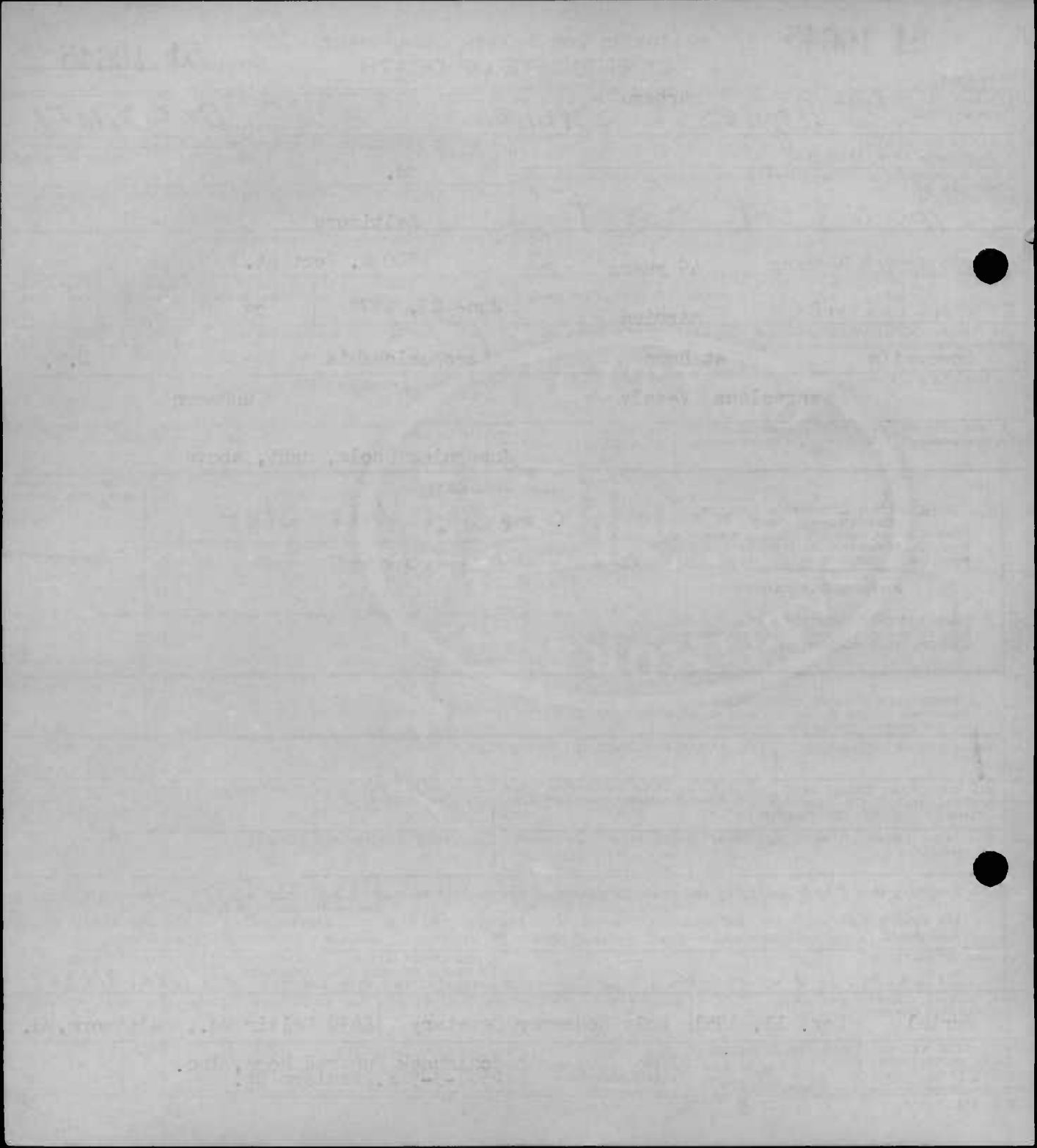
1000 1000

100
51 10645BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10645

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Agnes Barbara Shole		2. DATE OF DEATH Dec. 7, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) 700 N. Port Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 7-02			
Length of stay in Baltimore 49 years Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 700 N. Port St.			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 22, 1878	9. AGE (In years last birthday) 73	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10B. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Czechoslovakia
12. CITIZEN OF WHAT COUNTRY? U.S.			13. FATHER'S NAME Wenceslaus Vesely		
14. MOTHER'S MAIDEN NAME unknown			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS Josephine Shole, dght, above		
18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Vascular Accident CAUSE OF DEATH (A) DUE TO (B) DUE TO (C) DUE TO INTERVAL BETWEEN ONSET AND DEATH					
19. DATE OF OPERATION					
19B. MAJOR FINDINGS OF OPERATION					
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Wm. H. Kammer, Jr.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input checked="" type="checkbox"/>		23C. DATE SIGNED Dec. 7, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec. 11, 1951		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery	
24D. LOCATION (City, town, or county) (State) 4430 Belair Rd., Baltimore, Md.		25. FUNERAL DIRECTOR ADDRESS Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.			
DATE RECEIVED BY LOCAL REGISTRAR DEC 10 1951		REGISTRAR'S SIGNATURE Huntington Williams, Jr.		VS 151	

83a ✓



600 51 10646

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10646
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EVA M. HARR

2. DATE
OF
DEATH

December 9, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

3310 Elm Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (if rural, give location)

3310 Elm Ave 13-06

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Dec 29, 1868

9. AGE (In years
last birthday)

82

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Saddler

13. FATHER'S NAME

William

11. BIRTHPLACE (State or foreign country)

Wash D.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

-

17. INFORMANT

George B. Harr

ADDRESS

3310 Elm Ave

CAUSE OF DEATH

18. 420.0 I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Arteriosclerotic Heart Disease

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Duncan

M.D.

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Dec 9, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

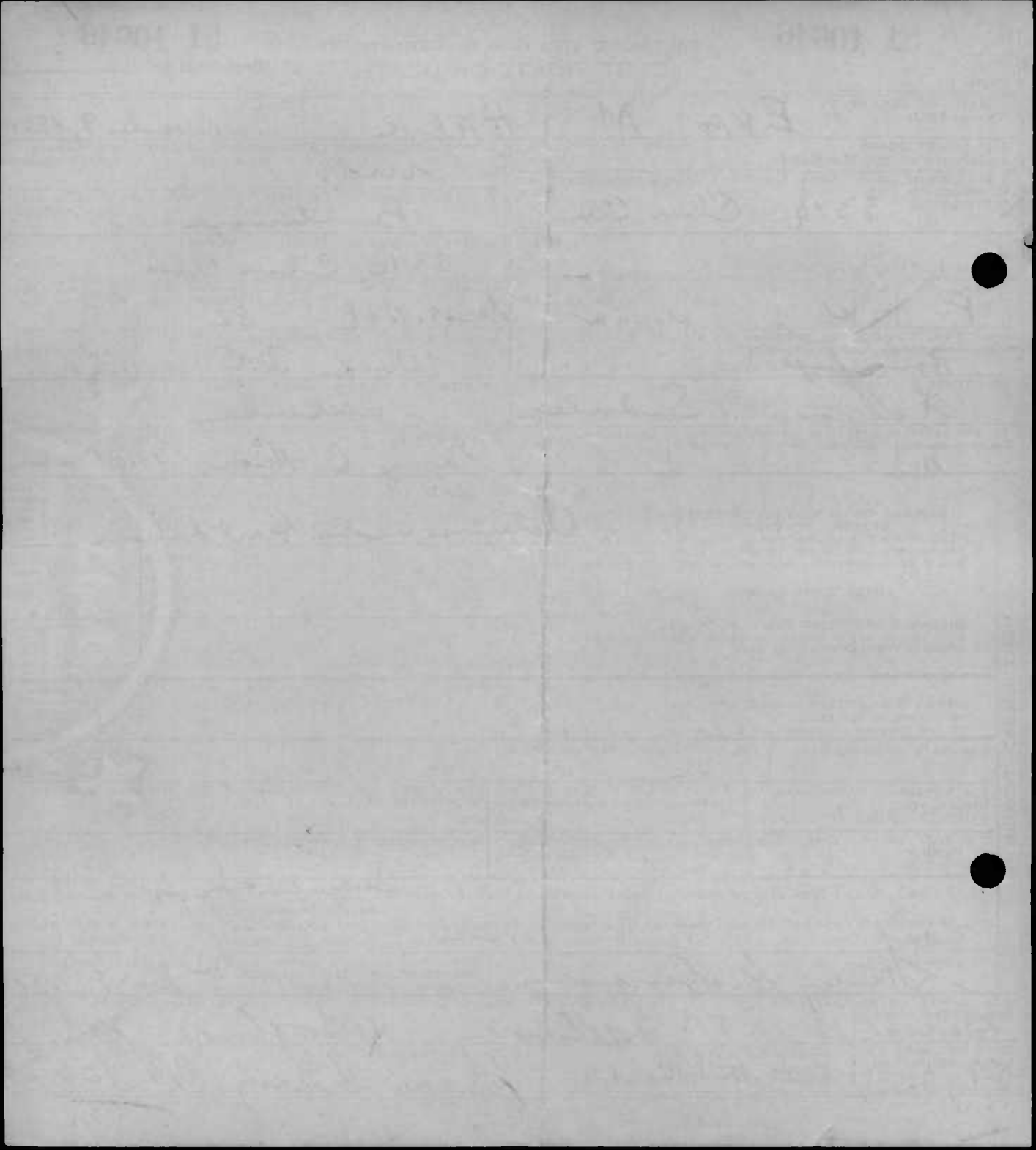
ADDRESS

DEC 10 1951

E. J. Williams, M.D.

Frank H. Seitz

814 2436th



6391 10647

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10647

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Daisy Hayward

2. DATE
OF
DEATH

12/6/1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

46 S. Stockton St

C. CITY OR TOWN

Balto.

(If outside corporate limits, write RURAL and give township)

18-03

C. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

46 S. Stockton St

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Nov. 1885

9. AGE (In years)

66

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Marion Md

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Sneed Miles

14. MOTHER'S MAIDEN NAME

Josephine Handy

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Geo. E. R. Johnson

Address 46 S. Stockton St

18. 442x

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cardio-vascular renal disease

5 years

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-30-, 1951, to 12-6-, 1951, that I last saw the deceased alive on 12-6-, 1951 and that death occurred at 2 P. M., from the causes and on the date stated above.

23A. SIGNATURE

John E. J. Campy, M.D.

23B. ADDRESS

639 N. Carey St. Balto.

23C. DATE SIGNED

12-7-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12/10/1951

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem. Balto

24D. LOCATION (City, town, or county)

Md

DATE RECEIVED BY LOCAL REGISTRAR

DEC 10 1951

REGISTRAR'S SIGNATURE

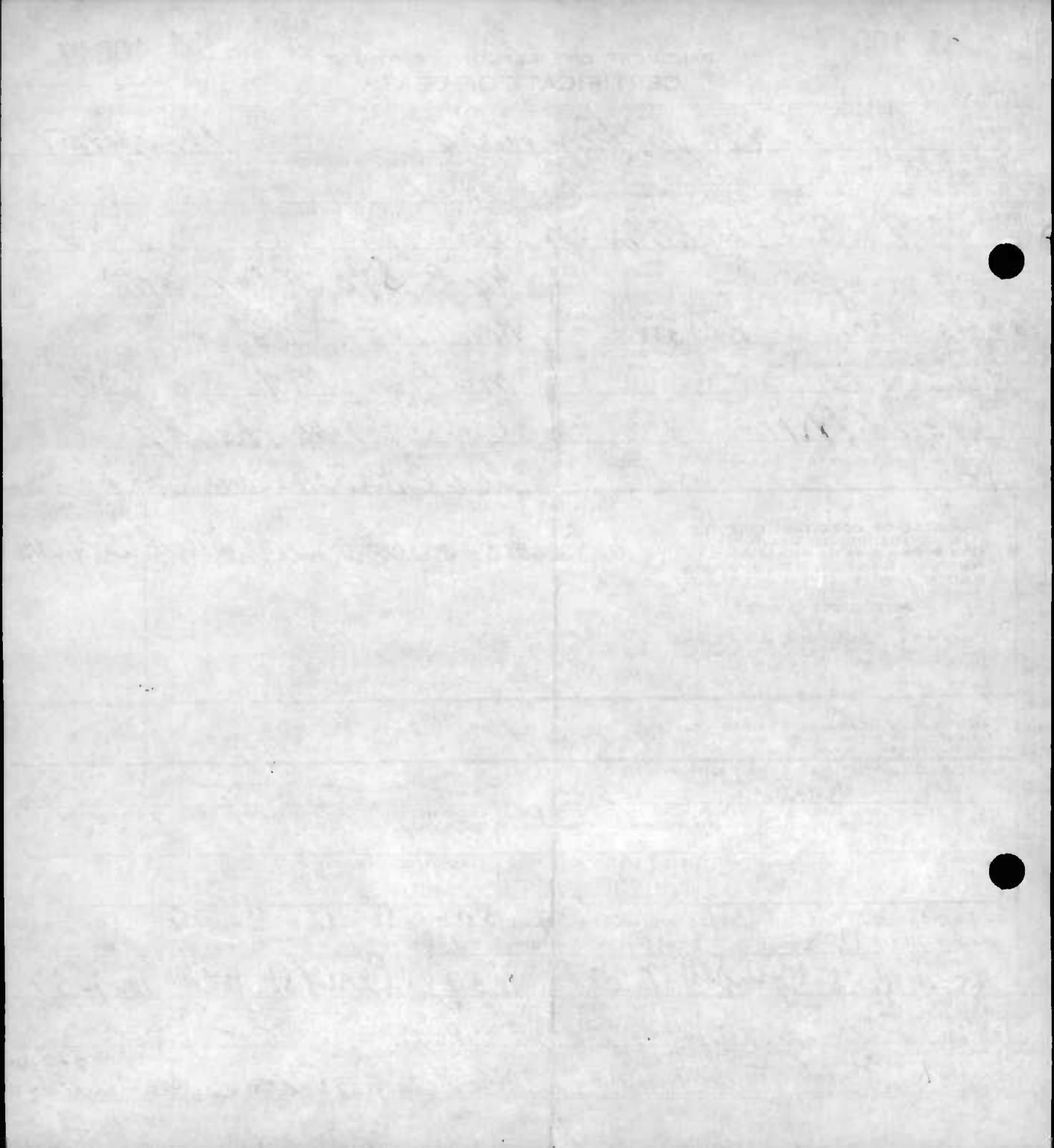
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mrs Kate R. Williams

ADDRESS

322 N. Schenck St.



430 51 10648

51 10648

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>William D. Elliott</i>		2. DATE OF DEATH <i>12-5-1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Ba/to.</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1333 Myrtle Ave.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Ba/to.</i>	
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <i>1333 Myrtle Ave. 17-02</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Col.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>March 12, 1889</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Spanner</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Spanner Point</i>	
11. BIRTHPLACE (State or foreign country) <i>Va.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Clifford Elliott</i>		14. MOTHER'S MAIDEN NAME <i>Lena Pope</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT <i>Beulah Elliott</i>		ADDRESS <i>333 Myrtle Ave.</i>	

18. <i>331X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cerebral hemorrhage</i>	CAUSE OF DEATH <i>Cerebral hemorrhage</i>	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) _____ (B) _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *9/5/51* to *12/5/51*, that I last saw the deceased alive on *12/5/51*, 19*51*, and that death occurred at *7:45 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE <i>S. Shorofsky M.D. M.O.</i>	23B. ADDRESS <i>601 N. Monroe St</i>	23C. DATE SIGNED <i>12/7/51</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>12/10/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Arbutus Memorial</i>
24D. LOCATION (city, town, or county) <i>Md.</i>	24E. LOCATION (city, town, or county) <i>Md.</i>	24F. LOCATION (city, town, or county) <i>Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 10 1951</i>	REGISTRAR'S SIGNATURE <i>William Williams</i>	25. FUNERAL DIRECTOR <i>Mrs. Kate R. Williams</i>
		ADDRESS <i>Schroeder St 322h</i>

VS 150

9703U

83a

MEDICAL CERTIFICATION

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

RECEIVED
JAN 10 1911
U. S. DEPT. OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

101

2531 10649

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10649
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		WALTER HIGGINS		2. DATE OF DEATH December 8, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
B. FULL NAME OF HOSPITAL OR INSTITUTION South Baltimore General Hospital		A. STATE Maryland		B. COUNTY Anne Arundel	
C. CITY OR TOWN Glen Burnie		(If outside corporate limits, write RURAL and give township) (Ferndale)			
D. STREET ADDRESS (If rural, give location) 2 Eugene Avenue		E. LENGTH OF STAY IN BALTIMORE DOA			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 30, 1928	9. AGE (In years last birthday) 23	10. UNDER 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician Lineman		10B. KIND OF BUSINESS OR INDUSTRY U.S. Gov't, Ft. Meade		11. BIRTHPLACE (State or foreign country) Ferndale, Md.	
12. CITIZEN OF WHAT COUNTRY? U.S.		13. FATHER'S NAME Walter A. Higgins		14. MOTHER'S MAIDEN NAME Violet G. Gibson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO. W.W. II 317-33-1136		17. INFORMANT Mrs. Gladys V. Higgins	

CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Fracture of skull	19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Multiple lacerations, abrasions, and contusions	20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
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19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Road	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Hollins Ferry Road and Dorsey Road			
21D. TIME (Month) (Day) (Year) (Hour) Dec. 8, 1951 4:30 A. m.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Driver of auto which struck a tree			
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Stanley A. Durell		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Dec. 8, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12/11/51	24C. NAME OF CEMETERY OR CREMATORY National		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	

DATE RECEIVED BY LOCAL REGISTRAR DEC 10 1951	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Wm Cook Inc. 1257 St. Paul st.	ADDRESS
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540 91

170c ✓

MEDICAL CERTIFICATION

• 22 •

Robert C. Gibson

37

00651 10650

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10650

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY GUE

2. DATE
OF
DEATH December 7, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2609 Barclay Street

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

July 21, 1891

9. AGE (in years
last birthday)

60

If Under 1 Year Months Days
If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

New Market, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John T. Gue

14. MOTHER'S MAIDEN NAME

Margaret Misner

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Thelma Osborne, 2609 Barclay Street

CAUSE OF DEATH

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Hypertensive cardiovascular renal disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
12/7/5124A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

12/10/51

Mt. Carmel

Balt. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

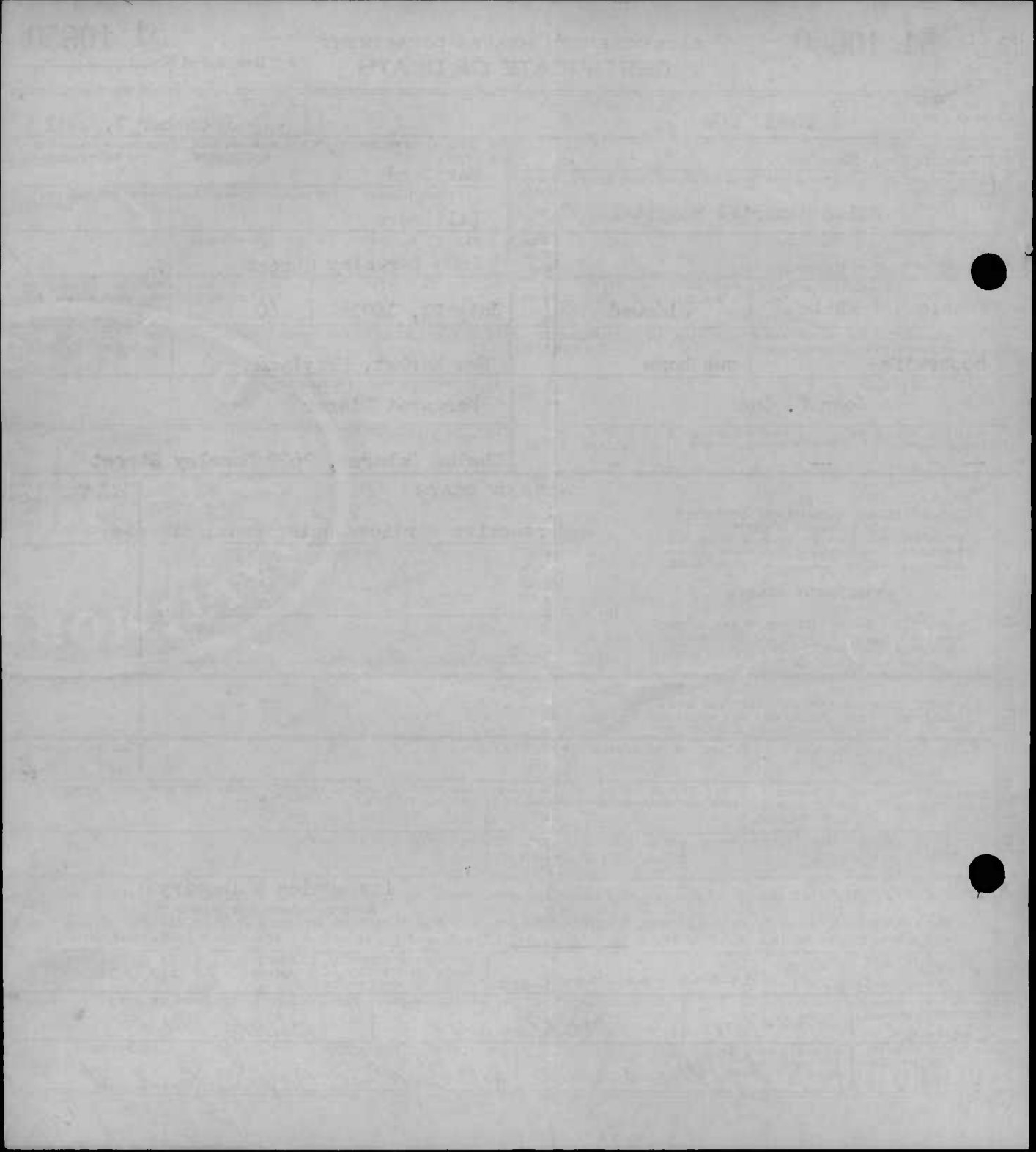
25. FUNERAL DIRECTOR

ADDRESS

DEC 10 1951

For William, Md.

Wm Cook Inc. 1217 St. Paul st.



213 51 10651

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10651

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mr. Charles S. Mac Cubbin			2. DATE OF DEATH 12/8/51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
5. FULL NAME OF HOSPITAL OR INSTITUTION Bon Secours Hospital			D. STREET ADDRESS (If rural, give location) 435 N. Washington st. 6-04		
6. Length of stay in Baltimore 71 years			Yrs. 71 Mos. 0 Days 0		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Sept. - 1879	9. AGE (in years last birthday) 72 yrs	10. Under 1 Year Months: 0 Days: 0
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Night Watchman			11. BIRTHPLACE (State or foreign country) Maryland		
10B. KIND OF BUSINESS OR INDUSTRY Grandel Brooks Corp Const.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Charles Mac Cubbin			14. MOTHER'S MAIDEN NAME Cora Pyfer		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. Edna Kettlewell 2400 E. Lafayette Ave		

18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) Cerebral Hemorrhage		DUE TO			
ANTECEDENT CAUSES		(B) Arteriosclerosis			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
(C) Uremia					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12-7 , 19 51 , to 12-8 , 19 51 , that I last saw the deceased alive on 12-8 , 19 51 , and that death occurred at m. , from the causes and on the date stated above.					
23A. SIGNATURE Doris Elgarte		23B. ADDRESS Bon Secours Hospital		23C. DATE SIGNED 12-8-51	

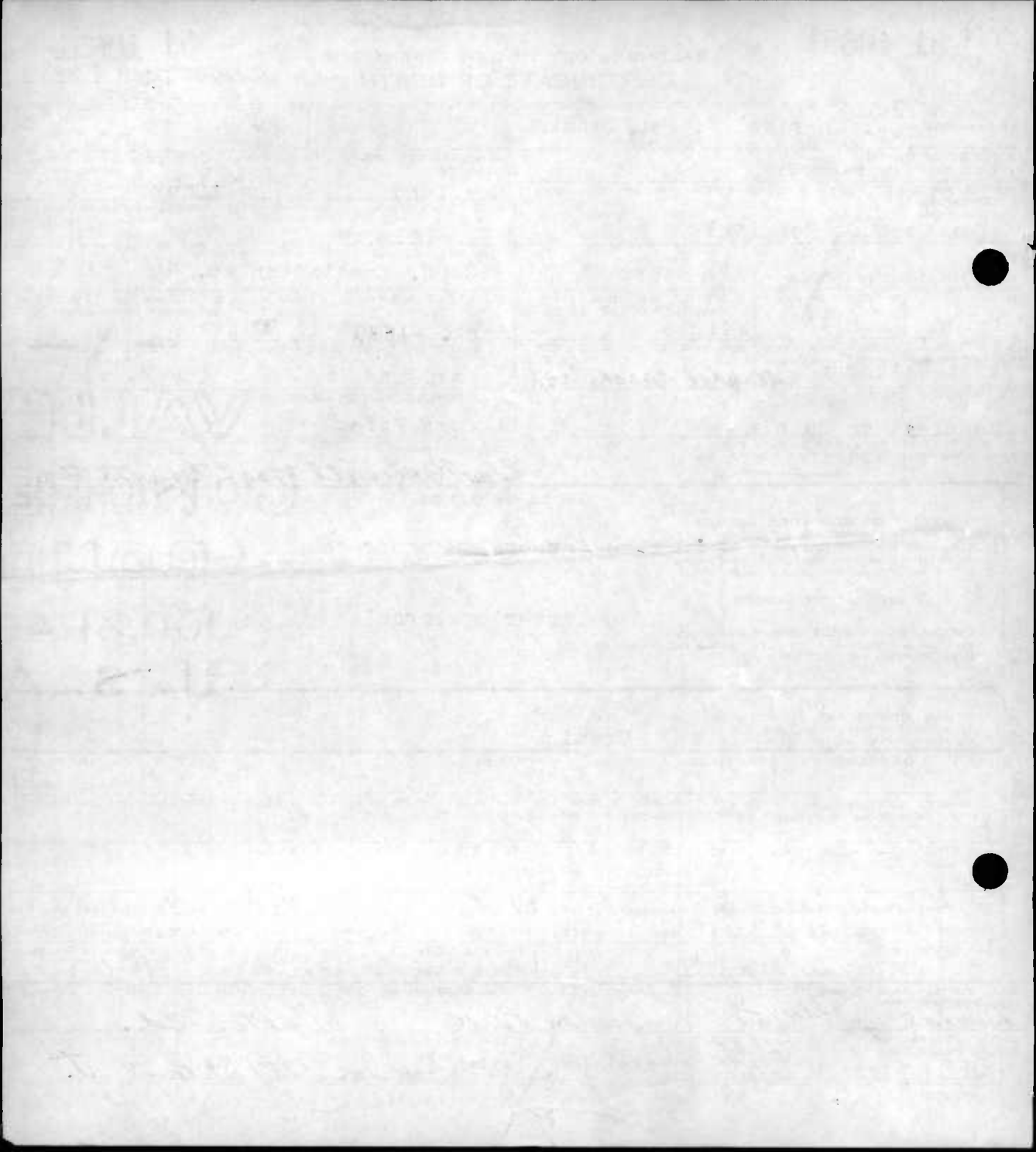
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/11/51		24C. NAME OF CEMETERY OR CREMATORY London Park		24D. LOCATION (City, town, or county) (State) Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 10 1951		REGISTRAR'S SIGNATURE Wm Cook Inc.		25. FUNERAL DIRECTOR Wm Cook Inc.		ADDRESS 1217 St. Paul st.	

VS 150

763 24

83a

MEDICAL CERTIFICATION



420
51 10652BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10652

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

KLEES William L.

2. DATE
OF
DEATH

12-8-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland ✓

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Middle River

D. STREET ADDRESS (If rural, give location)

68 Rockaway Beach Avenue

5300

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

Jan. 22, 1886

9. AGE (In years
last birthday)

65

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired - Salesman

10B. KIND OF BUSINESS OR
INDUSTRY

FURNITURE

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William F. Klees

14. MOTHER'S MAIDEN NAME

Margueretha Ohlgart

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.
220-18-8552

17. INFORMANT

ADDRESS

Lucille B. Klees, 68 Rockaway Beach Ave.

18. 450.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)(A) Perforation of cecum and large
bowel.

? 4 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) necrosis of virus
DUE TO
(C) arteriosclerosis general

? 48 hrs.

?

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

bilateral lower extremity amputation

19A. DATE OF OPERATION

12-6-51

19B. MAJOR FINDINGS OF OPERATION

Arteriosclerosis

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-1, 1951, to 12-8, 1951, that I last saw the
deceased alive on 12-8, 1951, and that death occurred at 10 30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

12-8-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

12/11/51

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

(State)

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Lester William Williams, M.D.

25. FUNERAL DIRECTOR

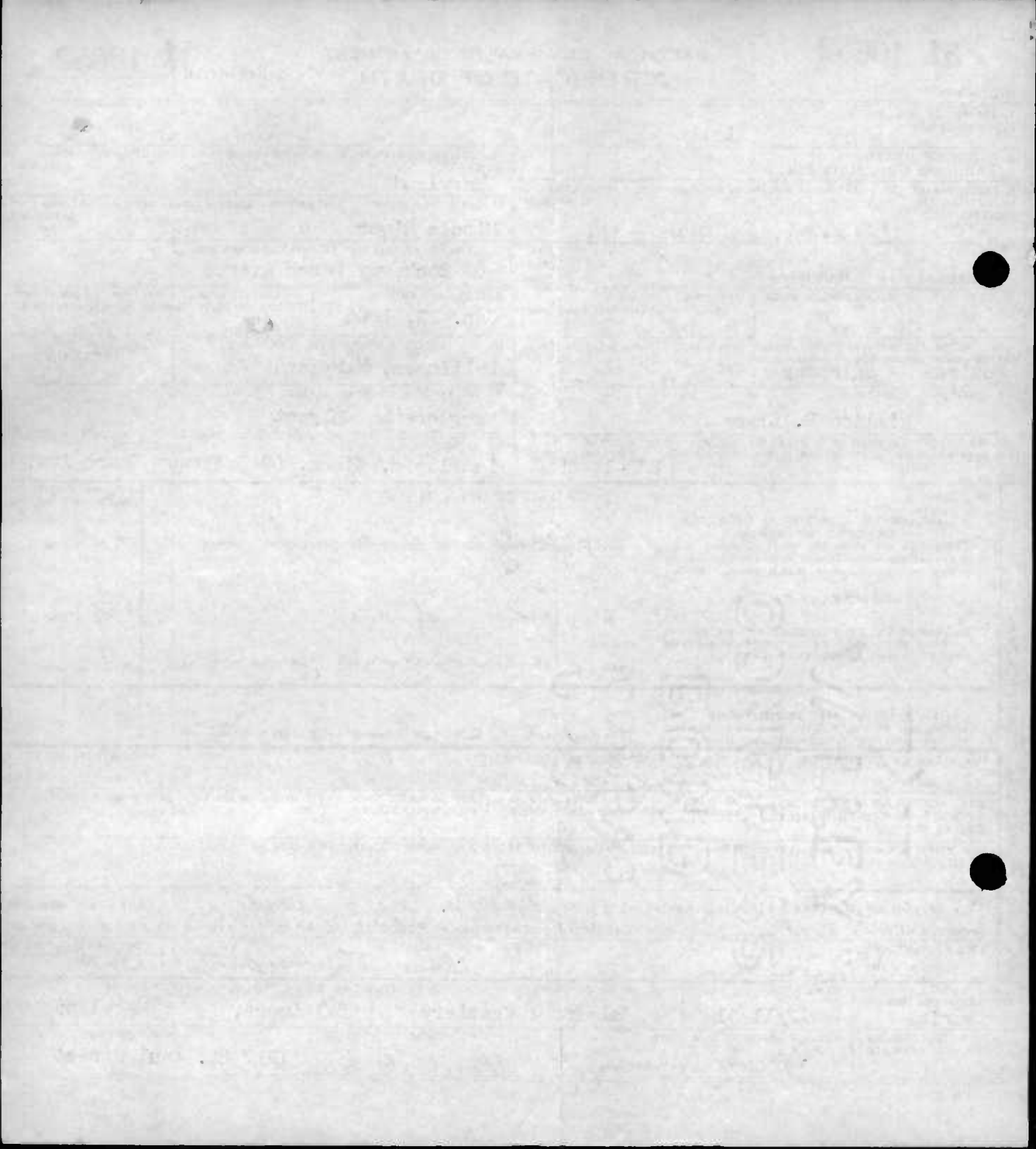
ADDRESS

Wm. Cook, Inc. 1217 St. Paul Street

VS 150

49033

97



626 51 10653

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

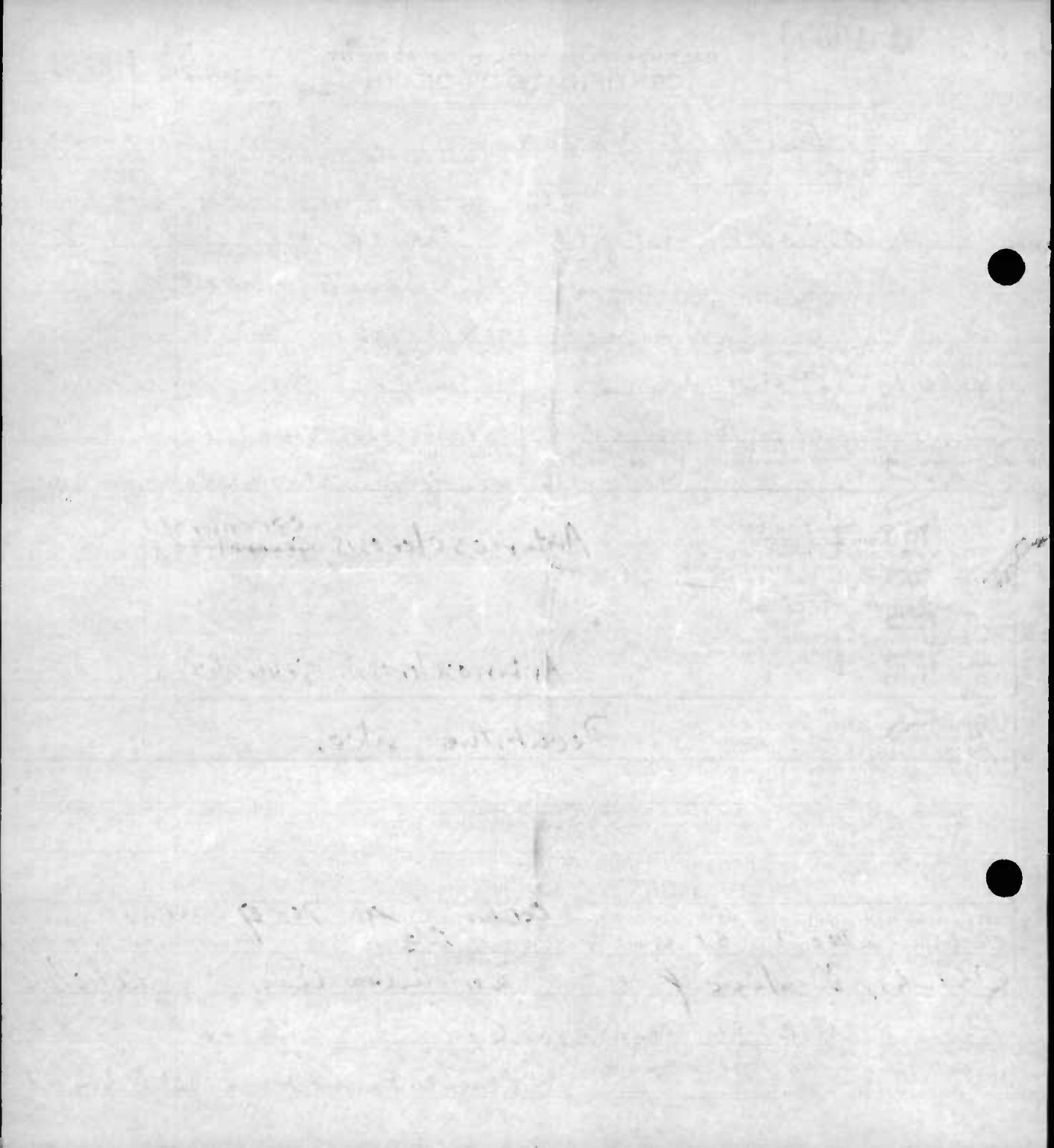
Registered No. 51 10653

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Emil J. Karcher</i>			2. DATE OF DEATH <i>Dec 9-1951</i>		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>md</i> b. COUNTY		
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>4110 Southern Ave</i> <i>31-Yrs.</i>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto. md.</i>		
c. Length of stay in Baltimore <i>31-Yrs.</i>			d. STREET ADDRESS (If rural, give location) <i>4110 Southern Ave 27-01</i>		
5. SEX <i>M.</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widower</i>	8. DATE OF BIRTH <i>Feb 18-1869</i>	9. AGE (in years, last birthday) <i>82</i>	10. Under 1 Year Months: Days: Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Mechanic retired 20 yrs at Hub Co.</i>			11. BIRTHPLACE (State or foreign country) <i>Balto. City</i>		
10b. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
13. FATHER'S NAME <i>Jacob Karcher</i>			14. MOTHER'S MAIDEN NAME <i>Fredericha Kuhl</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>NO</i>			16. SOCIAL SECURITY NO. <i>313-13-0736</i>		
17. INFORMANT <i>Mrs. Henry Justus</i>			ADDRESS <i>4110 Southern Ave</i>		

18. <i>420.1 I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Arteriosclerosis, Generalized</i> coronary		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Arteriosclerosis, Generalized</i>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Decubitus ulcer</i>		

19a. DATE OF OPERATION <i>0</i>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>October</i> , 19 <i>49</i> to <i>Dec 9</i> , 1951, that I last saw the deceased alive on <i>Dec 7</i> , 1951, and that death occurred at <i>12:00</i> m., from the causes and on the date stated above.					
23a. SIGNATURE <i>Charles V. Sevcik</i>		23b. ADDRESS <i>3601 Ailsa Ave.</i>		23c. DATE SIGNED <i>12/10/51</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>12/12/51</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Western Cem.</i>	
24d. LOCATION (City, town, or county) <i>Balto md.</i>		25. FUNERAL DIRECTOR <i>Lassahn Funeral Home</i>		ADDRESS <i>7401 Belair Rd.</i>	



BIRTH NO.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
MOLLIE VOLPE		Dec 8, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
SINAI HOSPITAL		BALTIMORE	
D. STREET ADDRESS (If rural, give location)		2317 S. SUSSEX AVE	
E. LENGTH OF STAY IN BALTIMORE		F. DATE OF BIRTH	
G. SEX		H. AGE (in years last birthday)	
F		53	
I. COLOR OR RACE		J. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	
W		MARRIED	
K. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		L. KIND OF BUSINESS OR INDUSTRY	
none		none	
M. FATHER'S NAME		N. MOTHER'S MAIDEN NAME	
Guy Scroni		Katherine Dragonette	
O. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		P. SOCIAL SECURITY NO.	
-		-	
Q. 15611 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		R. CAUSE OF DEATH	
A. ? Pulmonary embolism		INTERVAL BETWEEN ONSET AND DEATH	
B. ? Phlebotomy			
C. ? Carcinoma of liver			
D. ANTECEDENT CAUSES			
E. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
F. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
G. 19A. DATE OF OPERATION		H. 19B. MAJOR FINDINGS OF OPERATION	
I. 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
J. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		K. 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
L. 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		M. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
N. 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		O. 21F. HOW DID INJURY OCCUR?	
P. 22. I hereby certify that I attended the deceased from Nov 20, 1951, to Dec 8, 1951, that I last saw the deceased alive on Dec 8, 1951, and that death occurred at 4:30 p.m., from the causes and on the date stated above.		Q. 23A. SIGNATURE	
R. 23B. ADDRESS		S. 23C. DATE SIGNED	
T. 24A. BURIAL, CREMATION, REMOVAL (Specify)		U. 24B. DATE	
V. 24C. NAME OF CEMETERY OR CREMATORY		W. 24D. LOCATION (City, town, or county) (State)	
X. DATE RECEIVED BY LOCAL REGISTRAR		Y. REGISTRAR'S SIGNATURE	
Z. 25. FUNERAL DIRECTOR		AA. ADDRESS	
BB. 12/8/51		CC. Philip's Herwig & Sons, 2024 Orleans	

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655
51 10655BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10655
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) MORRIS FROHMAN		2. DATE OF DEATH 12-10-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY _____	
5. FULL NAME OF HOSPITAL OR INSTITUTION Doctors Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore 22-41	
6. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 4203 Liberty Heights Ave	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 4-9
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10B. KIND OF BUSINESS OR INDUSTRY Coal Business	11. BIRTHPLACE (State or foreign country) Baltimore Md
12. CITIZEN OF WHAT COUNTRY? ✓		13. FATHER'S NAME Simon	
14. MOTHER'S MAIDEN NAME Minnie		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____	
16. SOCIAL SECURITY NO. _____		17. INFORMANT Leon Frohman - 3002 Oakley	

18. 4202 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocarditis DUE TO (A) _____	CAUSE OF DEATH Myocarditis	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Thrombophlebitis DUE TO (B) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Hypertension DUE TO (C) _____		

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____
21D. TIME (Month) (Day) (Year) (Hour) INJURY _____	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **Dec 9, 1951** to **Dec 10, 1951**, that I last saw the deceased alive on **Dec 9, 1951**, and that death occurred at **4:17** m., from the causes and on the date stated above.

23A. SIGNATURE N. E. Meade	23B. ADDRESS 1314 - Dr. North Ave	23C. DATE SIGNED Dec 10 1951
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12-11-51	24C. NAME OF CEMETERY OR CREMATORY Rosedale
24D. LOCATION (City, town, or county) Balto Md	25. FUNERAL DIRECTOR Jack Lewis	
DATE RECEIVED BY LOCAL REGISTRAR DEC 10 1951		ADDRESS 2100 Canton Pl

Needle
2014 W North

10 AM

656
51 10656BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10656
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPH KRAMER

2. DATE
OF
DEATH

12-9-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Doctors Hospital

C. Length of stay in Baltimore

62 Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

Md

B. COUNTY

before admission)

C. CITY OR TOWN

Baltimore 1513

D. STREET ADDRESS (If rural, give location)

2631 Logola Northway

5. SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Tailor

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

Bernard

Papa (10)

8. DATE OF BIRTH

Lith

9. AGE (In years

last birthday)

67

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

Lith

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Mary

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Herman Wolf -

ADDRESS

Denville

18. 4700 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Coronary Occlusion, acute

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Arteriosclerotic Heart Disease

(C)

INTERVAL BETWEEN
ONSET AND DEATH

16 hours

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1951, to Dec. 9, 1951, that I last saw the
deceased alive on Dec 9, 1951, and that death occurred at 2:50 p.m. from the causes and on the date stated above.

23A. SIGNATURE

Samuel K. Tompkins

M. O.

23B. ADDRESS

3600 Oak Hill Ave

23C. DATE SIGNED

Dec 10, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

12-10-51

24C. NAME OF CEMETERY OR CREMATORY

Rosedale

24D. LOCATION (City, town, or county)

Balto

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

DEC 10 1951

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

Jack Lewis 2100 Canton Rd

ADDRESS

VS 150

5906E

937

MEDICAL CERTIFICATION

Tompson
3600 Park Heights
Mo 5776
95 AM

650
51 10657

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10657
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) HARRY KOREN		2. DATE OF DEATH 12-9-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) 3610 Marmow Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
D. STREET ADDRESS (If rural, give location) 3610 Marmow Ave		E. LENGTH OF STAY IN BALTIMORE 50 Yrs. 50 Mos. 50 Days			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH	9. AGE (In years last birthday) 58	10. UNDER 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Russia	
13. FATHER'S NAME Manuel		14. MOTHER'S MAIDEN NAME Fannie		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Dene Koren - Fannie	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 4201 I Coronary Thrombosis		CAUSE OF DEATH (A) DUE TO Coronary Thrombosis (B) DUE TO Atherosclerosis (C)		INTERVAL BETWEEN ONSET AND DEATH Sudden	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July , 19 50 , to Dec. 9 , 19 51 , that I last saw the deceased alive on Dec. 9 , 19 51 , and that death occurred at 3:55 p. m., from the causes and on the date stated above.					
23A. SIGNATURE Frederic S. Blum		23B. ADDRESS 115 N. Calvert St		23C. DATE SIGNED 12/9/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12-10-51		24C. NAME OF CEMETERY OR CREMATORY Rosedale	
24D. LOCATION (City, town, or county) (State) Balto Md		25. FUNERAL DIRECTOR Jack Lewis		ADDRESS 2100 Eutan Pl	

MEDICAL CERTIFICATION

DATE RECEIVED BY LOCAL REGISTRAR
DEC 10 1951

REGISTRAR'S SIGNATURE
Frederic S. Blum

47074

94a

STAGG 2001A11732

152 51 10658

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10658
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MARY SCOVENS		2. DATE OF DEATH December 7, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 1210 McCulloh Street		11-04	
5. LENGTH OF STAY IN BALTIMORE 10 Yrs. Days		8. DATE OF BIRTH 3/31/99	
6. COLOR OR RACE Female Colored		9. AGE (In years last birthday) 52 If Under 1 Year Months Days If Under 24 Hours Hours Min.	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		10. BIRTHPLACE (State or foreign country) Palto. Co. Md.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10B. KIND OF BUSINESS OR INDUSTRY Private homes		14. MOTHER'S MAIDEN NAME Laura Foster	
13. FATHER'S NAME Thomas Scovens		17. INFORMANT ADDRESS Jennie Scovens-9 May Ave. Towson, Md.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	

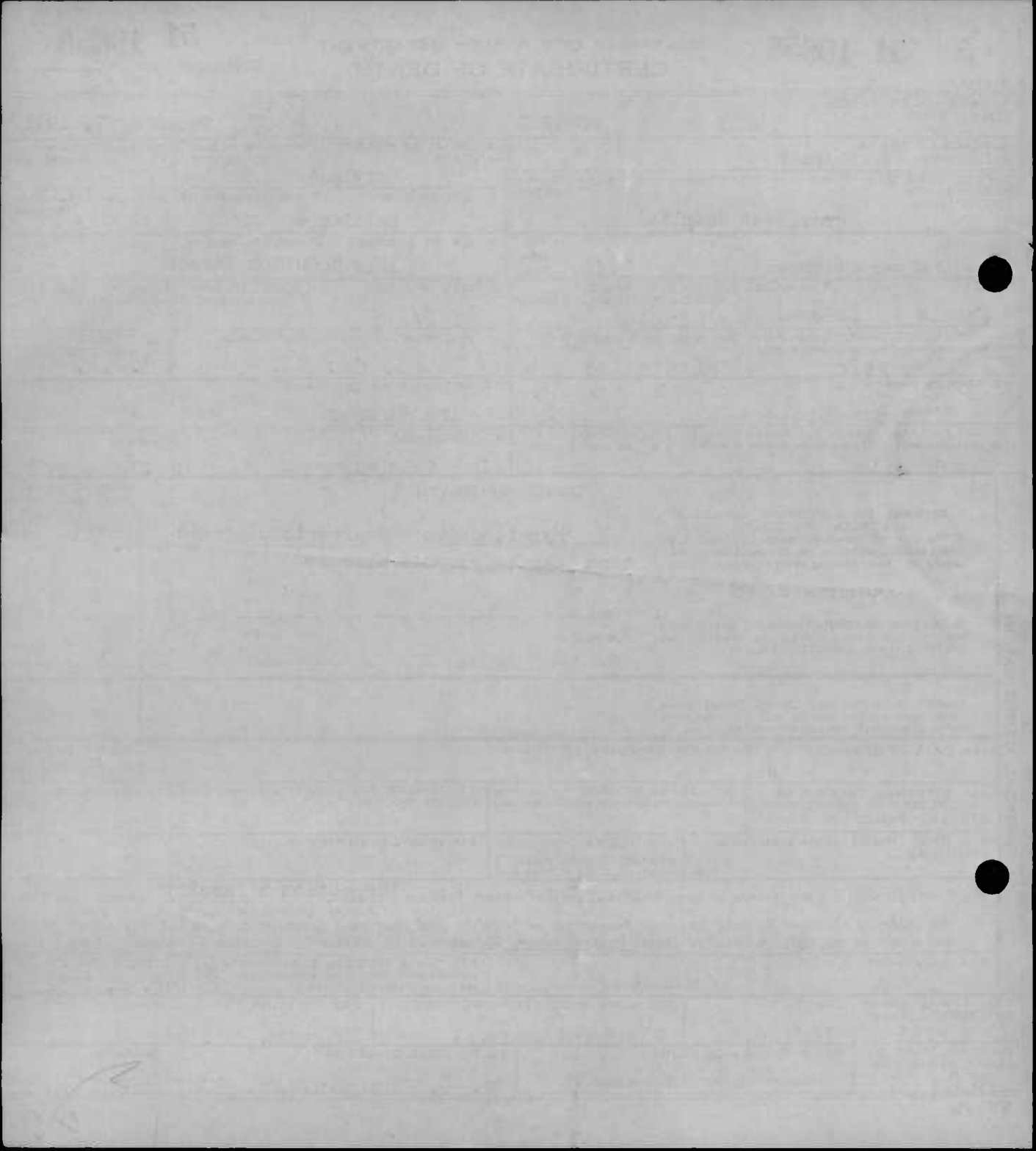
18. 443x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive and arteriosclerotic cardiovascular disease ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE Stanley K. Dinschlag M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Dec. 8, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/12/51		24C. NAME OF CEMETERY OR CREMATORY Pleasant Rest	
24D. LOCATION (City, town, or county) (State) Towson, Md.		25. FUNERAL DIRECTOR Wm. I. Chatman, Jr.		ADDRESS 1701 McCulloh St	
DATE RECEIVED BY LOCAL REGISTRAR DEC 10 1951		REGISTRAR'S SIGNATURE Wm. I. Chatman, Jr.			

7208A

93D Palto. Md.



4591 10659

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10659
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Klein George EIMER		2. DATE OF DEATH 12-8-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write R.U.R. and give township) Baltimore 27-44			
D. STREET ADDRESS (If rural, give location) 5915 Burgess Ave.		E. LENGTH OF STAY IN BALTIMORE Yrs. 0 Mos. 0 Days 0			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH Oct. 24 - 1904	9. AGE (in years last birthday) 47	10. Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Asst. Secty - Fidelity Trust		10B. KIND OF BUSINESS OR INDUSTRY Bank		11. BIRTHPLACE (State or foreign country) Baltimore, Md	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME George J. Klein		14. MOTHER'S MAIDEN NAME Anna Hillerhausen	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs Myrtle Klees - 5915 Burgess	
18. 150X		CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Carcinomatosis		INTERVAL BETWEEN ONSET AND DEATH 3 months?	
ANTECEDENT CAUSES		(B) Carcinoma of the esophagus.		?	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION Carcinomatosis		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12-1-51 , 19 51 , to 12-8 , 19 51 , that I last saw the deceased alive on 12-8 , 19 51 , and that death occurred at 11:05 P. m., from the causes and on the date stated above.					
23A. SIGNATURE J. C. Fitzgerald		23B. ADDRESS University Hospital		23C. DATE SIGNED 12-8-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/17/51		24C. NAME OF CEMETERY OR CREMATORY Moreland Park	
24D. LOCATION (City, town, or county) (State) Balts Md		25. FUNERAL DIRECTOR L. J. Ruck		ADDRESS 5305 Harford Rd	
DATE RECEIVED BY LOCAL REGISTRAR DEC 10 1951		REGISTRAR'S SIGNATURE Wm. Williams			

MEDICAL CERTIFICATION

63551 10660

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10660
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ALONZO WELLINGTON GORTON

2. DATE
OF
DEATH

12-8-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

4006 WILSBY AVE

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give
township)

BALTO.

D. STREET ADDRESS (If rural, give location)

4006 WILSBY AVE

6. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

MAR. 30, 1883

9. AGE (In years
last birthday)

68

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

SALESMAN

10B. KIND OF BUSINESS OR
INDUSTRY

REAL ESTATE

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

ALONZO GRIFFITH GORTON

14. MOTHER'S MAIDEN NAME

GENIEVE WARTMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.
215-05-1642

17. INFORMANT

BERTHA B. GORTON

ADDRESS

SAME

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Cardio-Vascular Renal Disease.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Atherosclerosis

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

?

?

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from 3/26, 1957, to 12/8, 1951, that I last saw the
deceased alive on 12/8, 1951, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Joseph S. Blum M.D.

23B. ADDRESS

1115 N. Calver St

23C. DATE SIGNED

12/10/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

12-11-1951

MORELAND MEMORIAL

BALTO. Co.

MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 10 1951

William H. Williams, M.D.

H.W. JENKINS & SONS Co. 4905 YORK RD

VS 150

47074

131a

MEDICAL CERTIFICATION

3513 POWHATAN

41351 10661
ND-143864BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10661
Registered No.

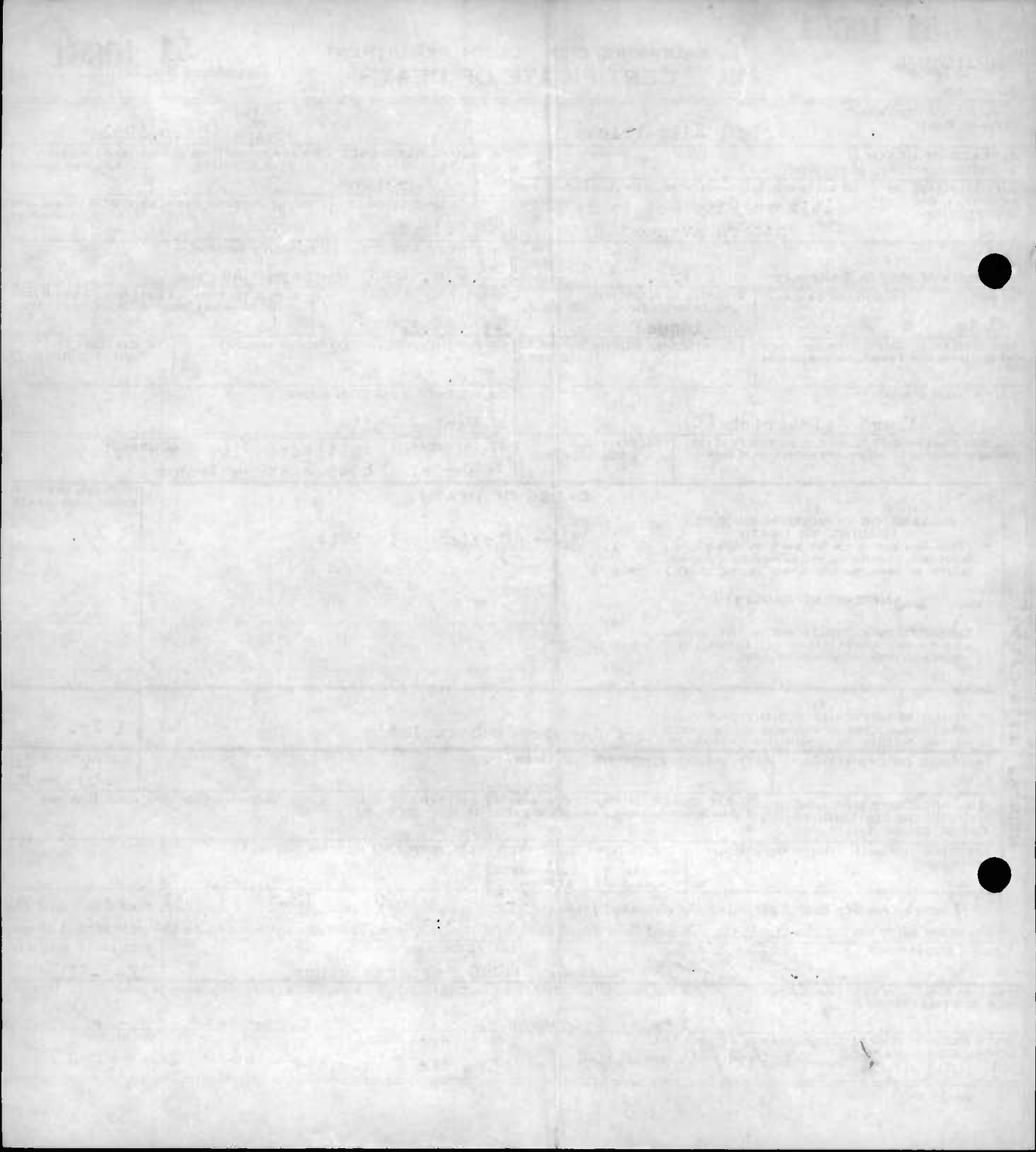
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Wright Kilpatrick		2. DATE OF DEATH Dec. 6, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 2612	
5. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
7. LENGTH OF STAY IN BALTIMORE 6 Yrs.		8. STREET ADDRESS (If rural, give location) B.C.H. 4940 Eastern Avenue	
9. SEX Male	10. COLOR OR RACE Negro	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	12. DATE OF BIRTH Dec. 25, 1909
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		14. AGE (in years last birthday) 41	
15. KIND OF BUSINESS OR INDUSTRY General		16. BIRTHPLACE (State or foreign country) Fla.	
17. FATHER'S NAME Albert Kilpatrick (D)		18. CITIZEN OF WHAT COUNTRY? ✓	
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		20. MOTHER'S MAIDEN NAME Martha White	
21. SOCIAL SECURITY NO.		22. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Avenue	

18. 002X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Tuberculosis Meningitis (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH 1 Yr.
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Pulmonary tuberculosis		1 Yr.

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12-1 , 19 50 , to 12-6 , 19 51 , that I last saw the deceased alive on 12-6 , 19 51 and that death occurred at 2:34p.m. , from the causes and on the date stated above.					
23A. SIGNATURE [Signature]		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 12-8-51	

24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 12/12/51		24C. NAME OF CEMETERY OR CREMATORY mt. Auburn		24D. LOCATION (City, town, or county) (State) Baltimore, md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 10 1951		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR ADDRESS CHARLES A. RICE - 661 W. BARRE ST.			



652 51 10662

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10662

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Peori Brengle

2. DATE
OF
DEATH

Dec. 8, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

University Hospital

Yrs.
Mos.
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2312 Ripley St

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

24 days

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Staghorn calculus of kidneys

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 26, 1951, to Dec 8, 1951, that I last saw the
deceased alive on Dec 8, 1951, and that death occurred at 1:35 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Robert A. Moore, Jr.

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

Dec. 8, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

WAGI E

WAGI E

WAGI E



520 51 10663

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10663

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 477.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/6/1951, to 12/8/51, 1951, that I last saw the
deceased alive on 12/8/1951, and that death occurred at 12:37 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

93D

MEDICAL CERTIFICATION

RECORDS OF THE
CITY OF BOSTON

[The body of the document contains extremely faint, illegible text, likely bleed-through from the reverse side of the page. The text appears to be organized into a table or list format with multiple columns.]

3200 51 10664

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10664

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BEATTY, DAISY

2. DATE
OF
DEATH

Dec. 7, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

MD

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

1429 W. FAYETTE ST.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

UNIVERSITY HOSPITAL, BALTIMORE.

Yrs.

Mos.

Days

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last b. day)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

FEMALE

WHITE

MARRIED

July 6, 1885

66

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR
INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

CHARLES HAMILTON

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Charles Beatty, 1608 Lemon St.

18. 4200

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐NOT WHILE ☐

m.

AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 2, 1951, to Dec. 7, 1951, that I last saw the
deceased alive on Dec. 7, 1951, and that death occurred at 11:10 A. M., from the causes and on the date stated above.

23A. SIGNATURE

William D. Wray M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

Dec 7, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

12/10/51

24C. NAME OF CEMETERY OR CREMATORY

Glen Haven

24D. LOCATION (City, town, or county)

Glen Burnie Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

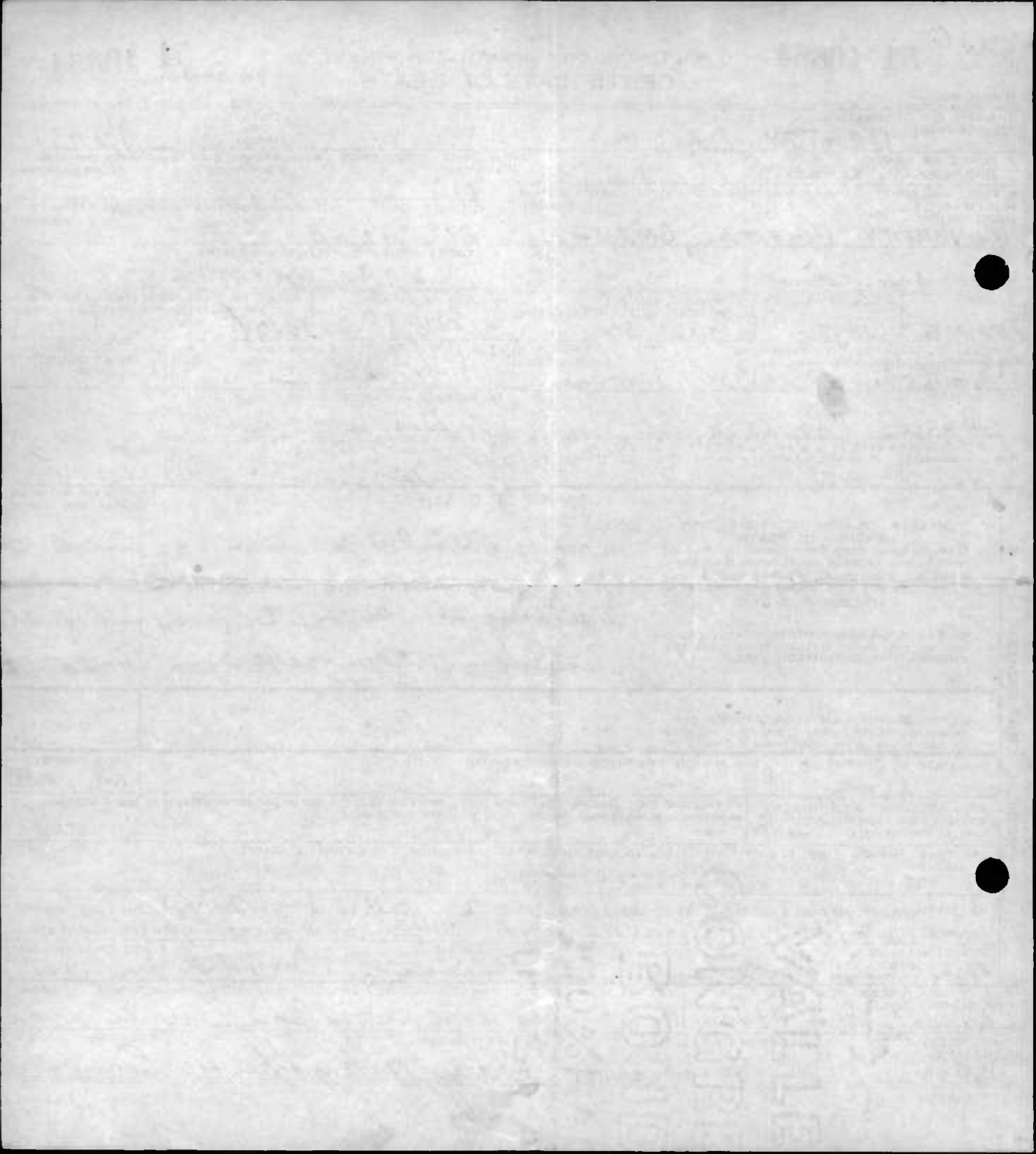
ADDRESS

Harry H. Witzke, 4101 Edmondson

VS 150

937 am

MEDICAL CERTIFICATION



520 10665

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51-10665

BIRTH NO. 51-28886

1. NAME OF DECEASED
(Type or Print)

FRANCIS. T

BABY BOY

LYNCH

2. DATE
OF
DEATH

12-8-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

SINAI HOSP. OF BALTO.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY before admission)

MD

Anne Arundel

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

FLENBURNIE MD.

D. STREET ADDRESS (If rural, give location)

5200

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

NEWBORN.

8. DATE OF BIRTH

12/8/51

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

6 20

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

FRANCIS. T. LYNCH

14. MOTHER'S MAIDEN NAME

Marian. A. McCauley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Francis T. Lynch

18. 7620 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

ASPHYXIA NEONATORUM.

6 20 hrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

NONE

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 19____, to _____, 19____, that I last saw the
deceased alive on 12/8, 1951, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Paul C. Wintony

M. D.

23B. ADDRESS

Sinai Hosp of Balto.

23C. DATE SIGNED

12/9/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec 10-51

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Baltimore MD

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Timothy J. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

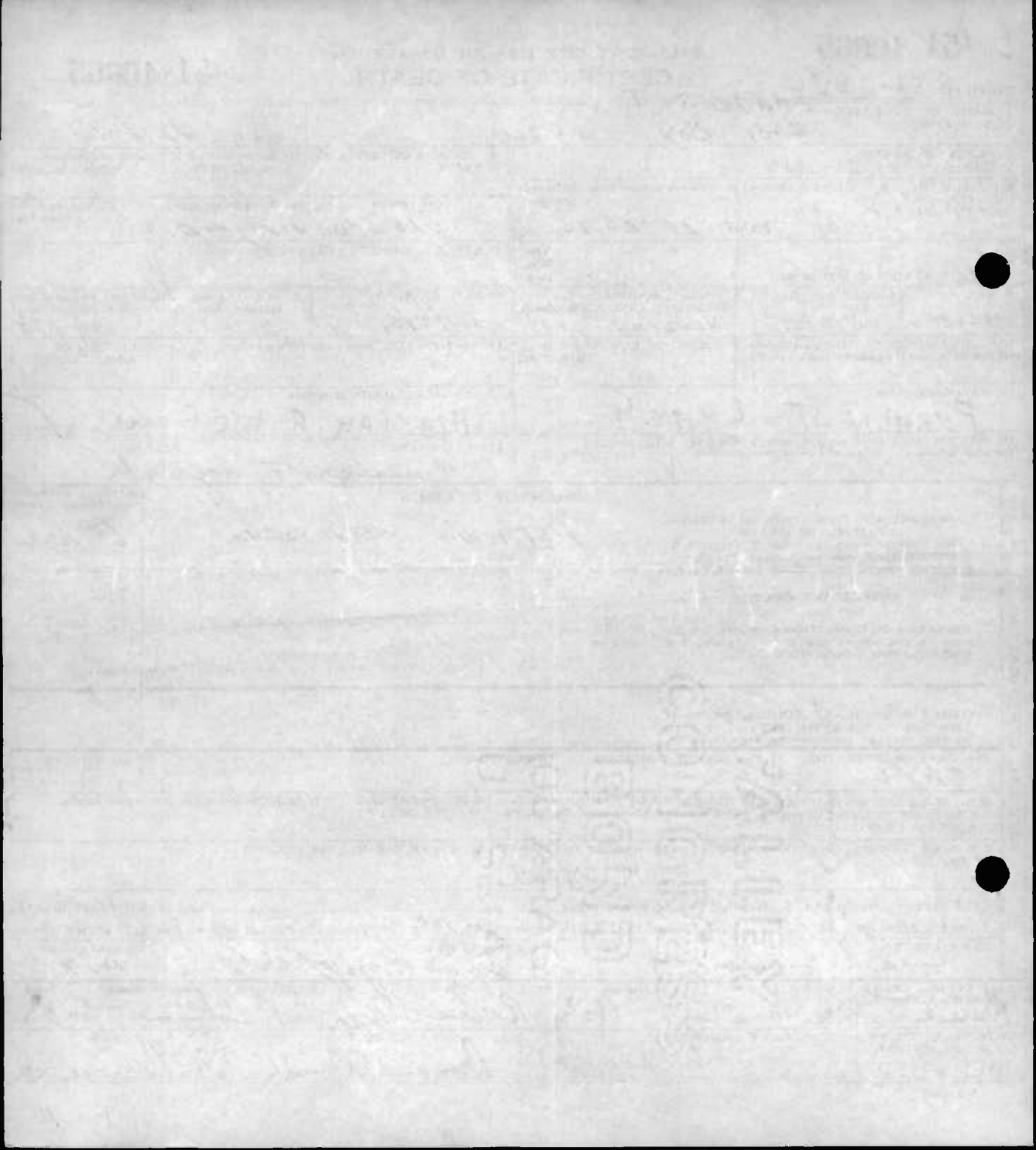
Bernard A. Fink, 3141 Glen Burnie Rd

DEC 10 1951

VS 150

1612

MEDICAL CERTIFICATION



1208 51 10666

CERTIFICATE CORRECTED
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10666

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ALEAN

ELLIS

MOODY

2. DATE
OF
DEATH

December 10, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Provident Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2216 N. Howard Street

Length of stay in Baltimore

Yrs.
Moe.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single Married

8. DATE OF BIRTH

10-7-1934

9. AGE (In years
last birthday)

17

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Homemaker

10B. KIND OF BUSINESS OR
INDUSTRY

House work

11. BIRTHPLACE (State or foreign country)

N. C.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

JOHN H. ELLIS

N. C.

14. MOTHER'S MAIDEN NAME

MARY MILLER Ellis N. C.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Ellis

ADDRESS

MARY MILLER - 2216 N. HOWARD ST

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Far advanced pulmonary tuberculosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Dec. 10, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 151

7208A

13B

UNITED STATES OF AMERICA

11-10-1945



250
51 10667BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10667
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles H. Jackson

2. DATE
OF
DEATH

Dec 7-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

5216 Catalpha Rd.

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Apr. 7-1887

9. AGE (in years
last birthday)

64

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Engineer -

10B. KIND OF BUSINESS OR
INDUSTRY

BROKER

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George Jackson

14. MOTHER'S MAIDEN NAME

Annie C. Keller

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Hattie Jackson-Catalpha

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) ...
DUE TO

Cerebral Thrombosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) ...
DUE TO

Arteriosclerotic C.V. Disease

(C) ...

INTERVAL BETWEEN
ONSET AND DEATHOTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1951, to Dec. 7, 1951, that I last saw the
deceased alive on Dec. 7, 1951, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Henry H. H. M.D.

23B. ADDRESS

4218 N. W. 12th St.

23C. DATE SIGNED

DEC 8 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Burial

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

DEC 10 1951

24C. NAME OF CEMETERY OR CREMATORY

Baltimore National

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

25. FUNERAL DIRECTOR

L. J. Ruck

ADDRESS

5305 N. W. 12th St.

1880-1881

1880-1881

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1880-1881

6356 10668

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10668
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MARION CARTER			2. DATE OF DEATH 12/8/51		
3. PLACE OF DEATH: A. Baltimore City, Maryland RECEIVED			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY 19-01		
B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution location) MERCY HOSPITAL			C. CITY OR TOWN (If outside corporate limits write RURAL and give township) BALTIMORE		
D. STREET ADDRESS (If rural, give location) 507 N. GILMORE ST.			E. LENGTH OF STAY IN BALTIMORE 30 Yrs. Mos. Days		
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Jan 30 1898	9. AGE (In years last birthday) 53	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BAKER			10B. KIND OF BUSINESS OR INDUSTRY BAKERY		
11. BIRTHPLACE (State or foreign country) SO. CAROLINA			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME RANSOM CARTER			14. MOTHER'S MAIDEN NAME ISABELLE BERRY		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) —			16. SOCIAL SECURITY NO. 705-03-9363		
17. INFORMANT WIFE Ruth Carter			ADDRESS 507 N. GILMORE ST.		

18. 154X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) URKEMIA		INTERVAL BETWEEN ONSET AND DEATH 9 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ADENOCARCINOMA OF RECTUM		DX. NOV. 19, 1951
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 11/27/51		19B. MAJOR FINDINGS OF OPERATION Adenoca. of rectum		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **11/21, 1951**, to **12/8, 1951**, that I last saw the deceased alive on **12/8, 1951**, and that death occurred at **12:45 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE Robert R. Grubb M.D.		23B. ADDRESS Mercy Hospital		23C. DATE SIGNED 12/8/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec. 11-1951		24C. NAME OF CEMETERY OR CREMATORY Western Star Cem	
24D. LOCATION (City, town, or county) (State) Bklyn. - Ma		25. FUNERAL DIRECTOR Samuel W. Sullivan Jr		ADDRESS 500 44 1011 N. Calington Ave 467	
DATE RECEIVED BY LOCAL REGISTRAR DEC 11 1951		REGISTRAR'S SIGNATURE William Williams, M.D.			

84001

THE MINISTRY OF AGRICULTURE AND FISHERIES

1900-1901

REPORT ON THE

PROGRESS OF THE

WORK OF THE

COMMISSIONERS

OF THE

LAND REVENUE

DEPARTMENT

FOR THE YEAR

1900-1901

BY

THE

COMMISSIONERS

OF THE

LAND REVENUE

DEPARTMENT

FOR THE YEAR

1900-1901

BY

THE

COMMISSIONERS

OF THE

LAND REVENUE

DEPARTMENT

FOR THE YEAR

1900-1901

BY

THE

COMMISSIONERS

OF THE

LAND REVENUE

DEPARTMENT

FOR THE YEAR

1900-1901

BY

THE

COMMISSIONERS

OF THE

LAND REVENUE

DEPARTMENT

FOR THE YEAR

1900-1901

BY

THE

COMMISSIONERS

OF THE

LAND REVENUE

DEPARTMENT

ND 6134535

51 10669

BALTIMORE CITY HEALTH DEPARTMENT

51 10669

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) William O. Peters			2. DATE OF DEATH Dec. 6, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 1410 School Street (17)		
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 25, 1897		9. AGE (in years last birthday) 53
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER			10B. KIND OF BUSINESS OR INDUSTRY CHEM.		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME John Peters			14. MOTHER'S MAIDEN NAME Mary Peters		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) —		16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Mabel Peters	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) —		16. SOCIAL SECURITY NO.		ADDRESS 1410 School St	

18. CORX I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Far Advanced Pulmonary Tuberculosis	INTERVAL BETWEEN ONSET AND DEATH ?
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 12-6	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
---------------------------------------	----------------------------------	---

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY 12-6 1:05 P.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **12-6**, 19 **51** to **12-6**, 19 **51** at I last saw the deceased alive on **12-6**, 1951, and that death occurred at **1:05 P.**, from the causes and on the date stated above.

23A. SIGNATURE W. O. Peters	23B. ADDRESS 4940 Eastern Ave	23C. DATE SIGNED 12/7/51
---------------------------------------	---	------------------------------------

24A. BURIAL, CREMATION/REMOVAL (Specify) Burial	24B. DATE 12/10/51	24C. NAME OF CEMETERY OR CREMATORY Greenwood	24D. LOCATION (City, town, or county) (State) Baltimore, Md
---	------------------------------	--	---

DATE RECEIVED BY LOCAL REGISTRAR DEC 10 1951	REGISTRAR'S SIGNATURE Thurston Williams, Md	25. FUNERAL DIRECTOR Chas. G. Horne	ADDRESS 512 (Bunell)
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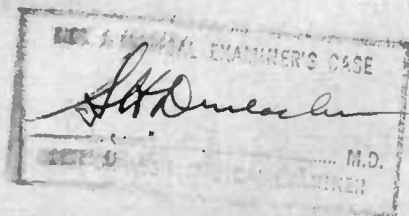
VS 150

To be approved by Medical Examiner

9704R

13 B Case

MEDICAL CERTIFICATION



VALLEY
CONGRESS
DORM
ICD-9-CM

252
51 10670BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10670

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Frank Hawkins, Jr.</i>			2. DATE OF DEATH <i>Dec. 7, 1951</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>915 Madison Ave.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
C. Length of stay in Baltimore <i>50 yrs.</i>			D. STREET ADDRESS (If rural, give location) <i>915 Madison Ave.</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>June 5, 1893</i>	9. AGE (In years last birthday) <i>58</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Upholsterer</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Upholstery</i>		
11. BIRTHPLACE (State or foreign country) <i>Davidsonville, Md.</i>			12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>		
13. FATHER'S NAME <i>Frank Hawkins, Sr.</i>			14. MOTHER'S MAIDEN NAME <i>Maggie Blake</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>None</i>			16. SOCIAL SECURITY NO. <i>None</i>		
17. INFORMANT <i>Mrs. Harriett F. Wagner</i>			ADDRESS <i>919 Madison Ave.</i>		

18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Myocardial Infarction</i> (A) DUE TO <i>Myocarditis</i> (B) DUE TO <i>Coronary Arteriosclerosis</i> (C) DUE TO	CAUSE OF DEATH <i>Myocardial Infarction</i> <i>Myocarditis</i> <i>Coronary Arteriosclerosis</i>	INTERVAL BETWEEN ONSET AND DEATH <i>6 mos</i> <i>6 mos</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *12-5*, 1951, to *12-7*, 1951, that I last saw the deceased alive on *12-7*, 1951, and that death occurred at *9:15* m., from the causes and on the date stated above.

23A. SIGNATURE <i>W. Atwell Jones</i>	23B. ADDRESS <i>5540 1st St</i>	23C. DATE SIGNED <i>12-10-51</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Dec. 11, 1951</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Auburn</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 11 1951</i>	REGISTRAR'S SIGNATURE <i>William Williams</i>	25. FUNERAL DIRECTOR <i>Funeral Home</i>	ADDRESS <i>1631 Druid Hill Ave.</i>

THE FOLLOWING IS A SUMMARY OF THE
LANDS OWNED BY THE UNITED STATES
IN THE STATE OF CALIFORNIA
AS OF JANUARY 1, 1900

THE TOTAL AREA OF LAND OWNED BY THE
UNITED STATES IN CALIFORNIA IS
AS FOLLOWS:

1. PUBLIC LANDS
2. LANDS OWNED BY THE UNITED STATES
FOR THE BENEFIT OF THE PEOPLE

3. LANDS OWNED BY THE UNITED STATES
FOR THE BENEFIT OF THE STATES
AND TERRITORIES

4. LANDS OWNED BY THE UNITED STATES
FOR THE BENEFIT OF THE INDIVIDUALS
AND CORPORATIONS

20% Oa Med. Ex. Case

51 10671

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10671

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles Nash

2. DATE
OF
DEATH

Dec 7, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Acc Room

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

12-01

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOS (location)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3100 Barclay St

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)# Under 1 Year
Months: Days# Under 24 Hours
Hours: Min.

Male Colored

M.

1-12-1888

70

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

SANITOR

10B. KIND OF BUSINESS OR
INDUSTRY

APT. HOUSE

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Harvey Nash

14. MOTHER'S MAIDEN NAME

Emma Green

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 443 x

CAUSE OF DEATH

JOHNS HOPKINS HOSPITAL

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Intracerebral hemorrhage

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Hypertensive Cardiovascular
Disease, severe

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-7-51 to 12-7-51, 1951, that I last saw the
deceased alive on 12-7-51, 1951, and that death occurred at 2 PM m., from the causes and on the date stated above.

23A. SIGNATURE

Norman E. Shaver

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

12-7-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 10 1951

Huntington Williams, M.D.

C. C. C. Funeral Home

VS 150

Released to 74074 Corp. Certificates to be approved 938

NOT A MEDICAL EXAMINER'S CASE

Stanley B. Dineen

M.D.

CHIEF OR ASS'T. MEDICAL EXAMINER

363
51-10672

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10672

1. NAME OF DECEASED (Type or Print) Maude Viola Street			2. DATE OF DEATH Dec 9, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Harford		
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jarrettsville		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 6200		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH Oct 26, 1889		9. AGE (In years last birthday) 62
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME John Gross			14. MOTHER'S MAIDEN NAME Margaret Heil		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Clarence E. Street Jarrettsville	

18. 587.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Generalized peritonitis DUE TO (B) suppurative DUE TO Acute Pancreatitis (C)		INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Generalized arteriosclerosis		
19A. DATE OF OPERATION Nov. 3, 1951	19B. MAJOR FINDINGS OF OPERATION Acute pancreatitis - pancreatic cysts	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Nov 3, 1951**, to **Dec 9, 1951**, that I last saw the deceased alive on **Dec 9, 1951**, and that death occurred at **9:25 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE Alfred S. Nelson	23B. ADDRESS Union Memorial Hosp. Baltimore-18 Maryland	23C. DATE SIGNED Dec 1951
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Dec 12 1951	24C. NAME OF CEMETERY OR CREMATORY Jarrettsville Cem.
24D. LOCATION (City, town, or county) Jarrettsville Md		25. FUNERAL DIRECTOR Charles C. Furtz
DATE RECEIVED BY LOCAL REGISTRAR DEC 11 1951		ADDRESS Jarrettsville

128 md

NOV 10 1964

RECEIVED
U.S. DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

1964 NOV 10

NOV 10 1964

NOV 10 1964

NOV 10 1964

NOV 10 1964

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NOV 10 1964

NOV 10 1964

NOV 10 1964

NOV 10 1964

NOV 10 1964

NOV 10 1964

NOV 10 1964

255
1 10673

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10673
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN ZYGMONT

2. DATE
OF
DEATH

Dec. 8, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

212 S. Ann St

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto. City

D. STREET ADDRESS (If rural, give location)

212 S. Ann St.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Dec. 5-1885

9. AGE (In years last birthday)

66

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Iron moulder

10B. KIND OF BUSINESS OR INDUSTRY

H. Weisketh's

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Teofil Zygmunt

14. MOTHER'S MAIDEN NAME

Antonina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

215-05-4089

17. INFORMANT

ADDRESS

Stella Zygmunt 212 S. Ann St

18. 442x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral hemorrhage

12 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Arterio-sclerotic, cardio-vascular

years

DUE TO

disease with hypertension

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 2, 1948, to Dec. 8, 1951, that I last saw the deceased alive on Dec. 8, 1951, and that death occurred at 4:40 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Sigmund R. Nowak

23B. ADDRESS

408 S. Patt. Ph. An.

23C. DATE SIGNED

Dec. 9, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12-11-51

24C. NAME OF CEMETERY OR CREMATORY

Holy Rosary

24D. LOCATION (City, town, or county)

Balto. Co.

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

DEC 10 1951

REGISTRAR'S SIGNATURE

Wm. S. Fralkowski

25. FUNERAL DIRECTOR

ADDRESS

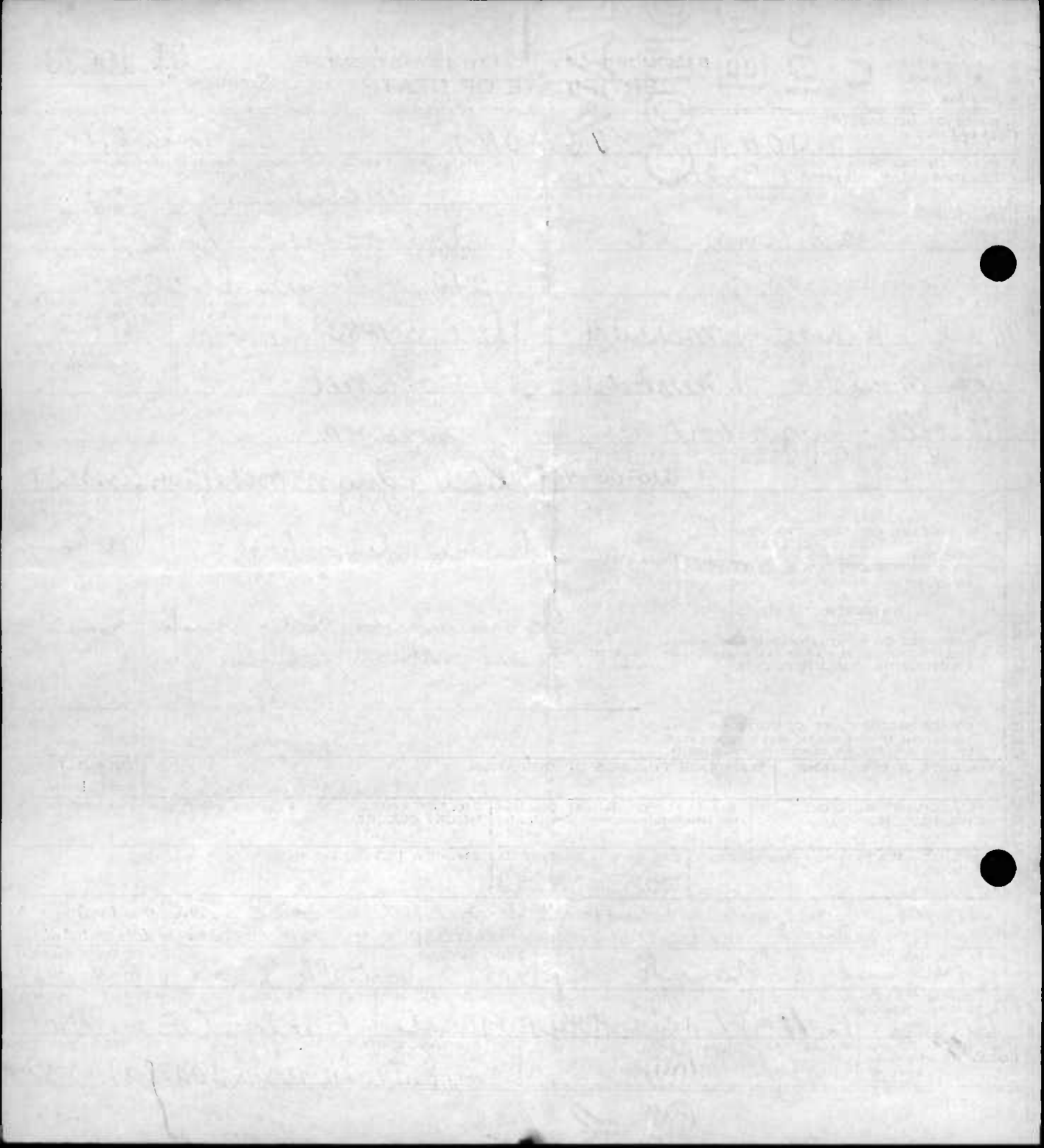
Wm. S. Fralkowski 2007 Eastern Ave

VS 150

5613D

131a

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 10674
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Bertha Glend Meyer

2. DATE
OF
DEATH

12.9.51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md.

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

2075 Rockrose Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2075 Rockrose Ave.

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Sept. 1, 1870

9. AGE (in years last birthday)

81

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

never worked

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Frederick Glendmeyer

14. MOTHER'S MAIDEN NAME

Fredericka

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Mrs. Helen Peterman-4203 St. Paul St.

18. *151X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cardio Vascular Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B)

DUE TO

(C)

Probably Carcinoma of Stomach

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Nov. 12, 1951* to *Dec. 9, 1951*, that I last saw the deceased alive on *Dec. 1, 1951* and that death occurred at *1315* m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

12/12/51

Mt. Carmel Cem.

Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 10 1951

Huntington Williams, Jr.

Wm. J. Tiekner & Sons

MEDICAL CERTIFICATION

14301-12

RECEIVED
JAN 14 1964
U.S. AIR FORCE
HONOLULU, HAWAII

14301-12

560
51 10675
BIRTH NO.

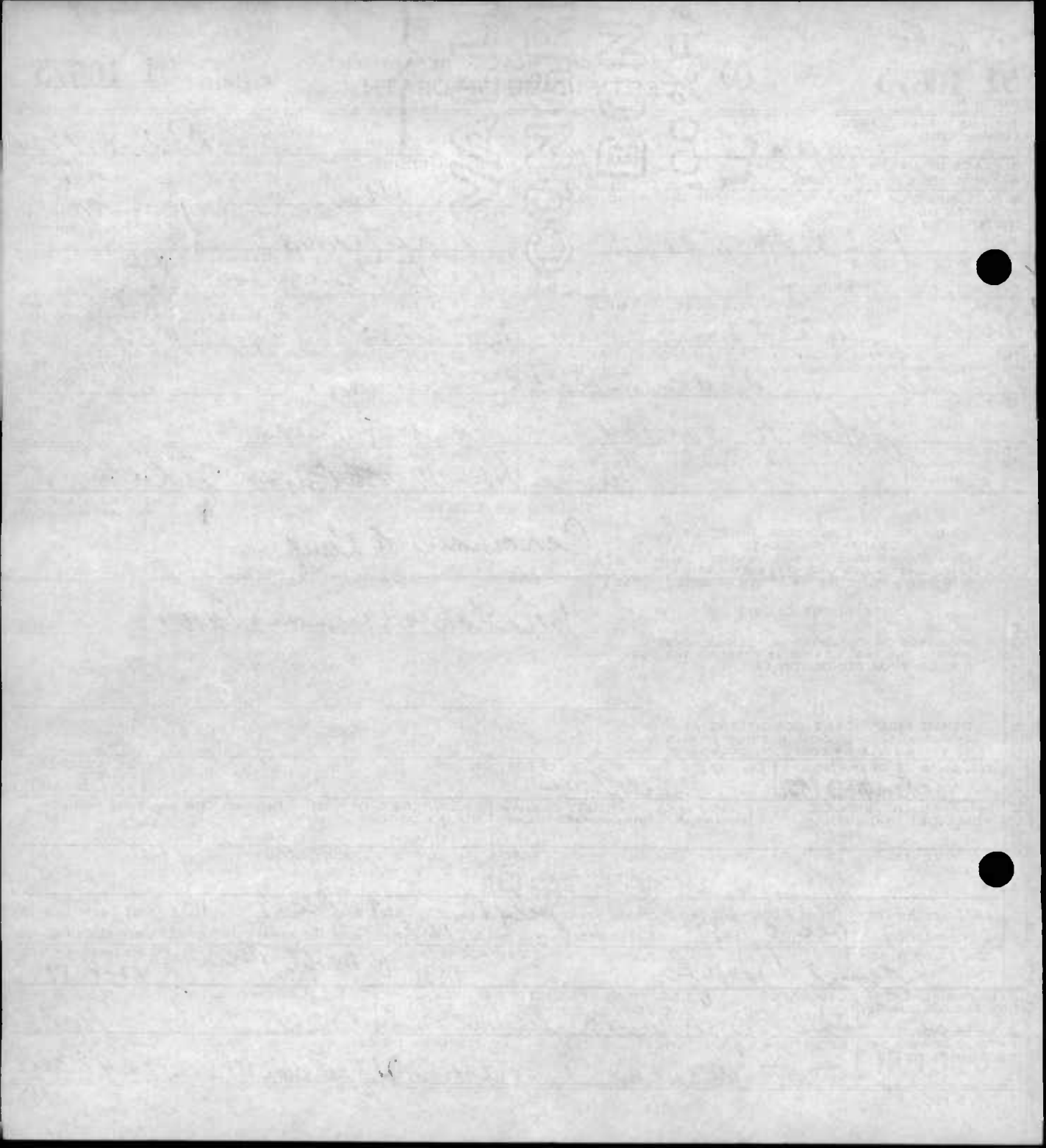
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10675

1. NAME OF DECEASED (Type or Print) <i>THOMAS C. CONROY Sr.</i>			2. DATE OF DEATH <i>Dec. 8, 1951</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>BALTIMORE</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>-</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>1322 HOLBROOK St.</i>			C. CITY OR TOWN (If outside corporate limits, write full name and give township) <i>BALTIMORE</i>		
D. STREET ADDRESS (If rural, give location) <i>1322 Holbrook St.</i>			57-Yrs. Mos. Days		
c. Length of stay in Baltimore					
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Nov. 27, 1894</i>	9. AGE (In years last birthday) <i>57 yrs</i>	10. Under 1 Year Months Days <i>0 11</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Printer</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Lord Balto Printing</i>		
11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
13. FATHER'S NAME <i>John R. Conroy</i>			14. MOTHER'S MAIDEN NAME <i>Mary Owens</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>			16. SOCIAL SECURITY NO. <i>none</i>		
17. INFORMANT <i>Mrs. Mary L. Conroy</i>			ADDRESS <i>1322 Holbrook St.</i>		

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>155X I</i> <i>Carcinoma of Lung</i> DUE TO <i>Metastatic Carcinoma of Liver</i> DUE TO <i>(C)</i>	CAUSE OF DEATH <i>Carcinoma of Lung</i> <i>Metastatic Carcinoma of Liver</i> <i>(C)</i>	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>September 5, 1951</i>		19B. MAJOR FINDINGS OF OPERATION <i>Epithelioma</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>July 1, 1951</i> , to <i>Dec. 8, 1951</i> , that I last saw the deceased alive on <i>Dec. 8, 1951</i> , and that death occurred at <i>12:15 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Samuel B. Wolfe</i>		23B. ADDRESS <i>1331 E North Ave</i>		23C. DATE SIGNED <i>12-8-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Dec. 16, 1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>New Cathedral Cemetery</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore Md.</i>		24E. FUNERAL DIRECTOR <i>Elmer W. C. Coker</i>		24F. ADDRESS <i>924 E. Eager St.</i>	



416
51 10676

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10676

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Florence CALVERT</i>			2. DATE OF DEATH <i>12.10.51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore</i>			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <i>md</i> B. COUNTY <i>ecil</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR <i>Maryland General Hospital</i> INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>Perryville, Md 5700</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>w</i>	8. DATE OF BIRTH <i>Nov. 30, 1882</i>		9. AGE (In years last birthday) <i>69</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Id.</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Andrew Jackson</i>			14. MOTHER'S MAIDEN NAME <i>Temperance Wilkenson</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>—</i>		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Howard W. Jackson, Chamber of Commerce Bldg.</i>		

18. <i>175-X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Pulmonary embolism</i> (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Metastatic ca of the ovary</i> (C)		

19A. DATE OF OPERATION <i>12/13/51</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) <i>—</i>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from *12.2.*, 19*51*, to *12.10.*, 19*51*, that I last saw the deceased alive on *12.10.*, 19*51*, and that death occurred at *8:30* Am., from the causes and on the date stated above.

23A. SIGNATURE <i>Charles J. Blach</i>	23B. ADDRESS <i>M. D. Maryland General Hospital</i>	23C. DATE SIGNED <i>12.10.51</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	24B. DATE <i>12/13/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Ashbury Cemetery</i>	24D. LOCATION (City, town, or county) (State) <i>Perryville, Maryland</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 1 01951</i>		REGISTRAR'S SIGNATURE <i>Wm Cook, Inc.</i>	25. FUNERAL DIRECTOR ADDRESS <i>1217 St. Paul St.</i>

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10677
Registered No.

636
51-10677

1. NAME OF DECEASED (Type or Print) <i>Bessie Porter</i>		2. DATE OF DEATH <i>Dec. 9, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Room 401</i>		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>25-05</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
D. STREET ADDRESS (If rural, give location) <i>908 Patapsco Ave</i>			
c. Length of stay in Baltimore		Yrs. Mos. Days	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>9-29-'86</i>
9. AGE (In years last birthday) <i>65</i>		10. If Under 1 Year Months; Days If Under 24 Hours Hours; Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>HOUSEWORK</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>AT HOME</i>	
11. BIRTHPLACE (State or foreign country) <i>PA.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A</i>	
13. FATHER'S NAME <i>Howard Cummings</i>		14. MOTHER'S MAIDEN NAME <i>Mary Valentine</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS	

18. <i>157X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>(A) Carcinoma, pancreas, metastatic</i> DUE TO		INTERVAL BETWEEN ONSET AND DEATH
(B) DUE TO		
(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>12-5-51</i>		19B. MAJOR FINDINGS OF OPERATION <i>Carcinoma pancreas metastatic to liver</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>12-3-</i> , 19 <i>51</i> , to <i>12-9-</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>12-9-</i> , 19 <i>51</i> , and that death occurred at <i>10:00</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>John Burroughs</i>		23B. <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>12-9-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>12-13-1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>GLEN HAVEN MEMORIAL PK</i>	
24D. LOCATION (City, town, or county) (State) <i>ANNE ARUNDEL Co. MD.</i>		24E. FUNERAL DIRECTOR <i>James L. McCully</i>		24F. ADDRESS <i>1306 East Ave</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 10 1951</i>		REGISTRAR'S SIGNATURE <i>Arthur J. Williams</i>		25. ADDRESS	

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51 10678

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10678

BIRTH NO.		1. NAME OF DECEASED (Type or Print) MICHAEL V ROSE		2. DATE OF DEATH 12-7-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 2206 Boston ST		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 1-04			
Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 2206 Boston ST			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 7-1902	9. AGE (in years last birthday) 49	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Floor Finisher		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTH PLACE (State or foreign country) Maryland	
13. FATHER'S NAME William Rose		14. MOTHER'S MAIDEN NAME Judith ?		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT Lillian Rose	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		ADDRESS 2206 Boston ST	

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) ...		Acute Cardiac dilatation		Instant	
ANTECEDENT CAUSES		(B) ...		2 yrs.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		Chronic pyelonephritis		6 days	
(C) ...		Rectal abscess		6 days	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Rectal abscess		6 days	

19A. DATE OF OPERATION 12-7-51		19B. MAJOR FINDINGS OF OPERATION Incision deep rectal abscess		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **May 1**, 1950, to **Dec 7, 1951**, that I last saw the deceased alive on **Dec 7, 1951**, and that death occurred at **1:30 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE John V. Sczerbicki M.D.		23B. ADDRESS 1802 Eastern Ave.		23C. DATE SIGNED 12-8-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12-11-51		24C. NAME OF CEMETERY OR CREMATORY Holy Rosing	
24D. LOCATION (City, town, or county) (State) Balto, Md.					

DATE RECEIVED BY LOCAL REGISTRAR DEC 10 1951		REGISTRAR'S SIGNATURE Wilmington Williams, Jr.		25. FUNERAL DIRECTOR Julius J. Guber 463 S. Oak St	
				ADDRESS 463 S. Oak St	

12-7-51

Special Agent
in Charge
U.S. Bureau of Investigation
Washington, D.C.

Very truly yours,
J. Edgar Hoover

Director
Federal Bureau of Investigation
Washington, D.C.

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Enclosed for you

MICHAEL V. ROSE
Washington

2100 - 1000000000

Life

Special Agent
in Charge
U.S. Bureau of Investigation
Washington, D.C.

Very truly yours,
J. Edgar Hoover
Director
Federal Bureau of Investigation
Washington, D.C.

12-11-51

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 10679
Registered No.

650
51 10679
BIRTH NO.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
GALILEO H. BRUNI		December 8, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
		A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Mercy Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 915 Eastern Avenue			
Length of stay in Baltimore 67 Yrs.			
SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 8 1870
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Marble Cutter		10B. KIND OF BUSINESS OR INDUSTRY Retired	9. AGE (In years last birthday) 81
13. FATHER'S NAME Bruni		11. BIRTHPLACE (State or foreign country) Italy	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? U.S.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME ?	
17. INFORMANT		ADDRESS Virginia Bruni (Wife) 915 Eastern Ave	

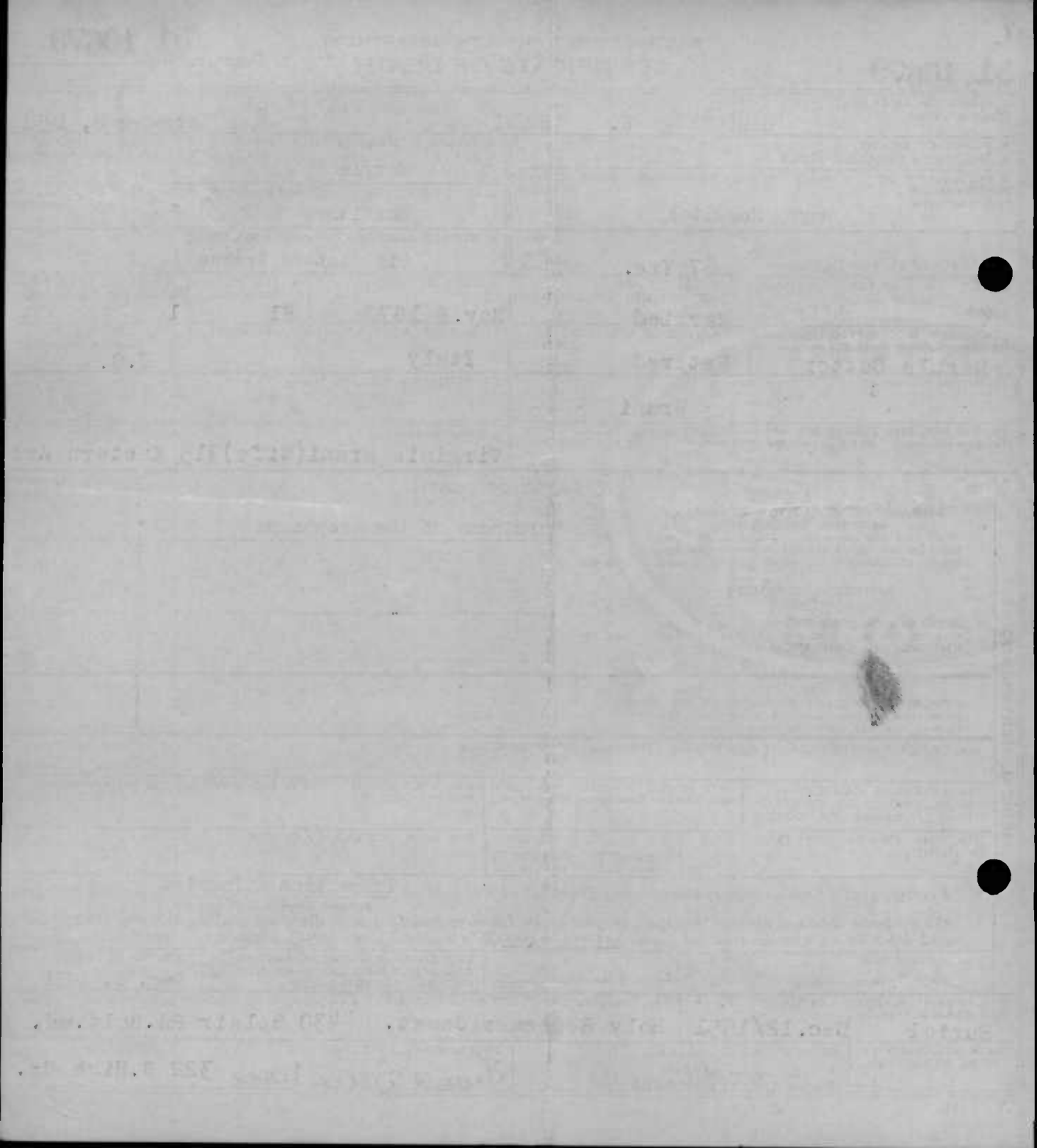
18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of the esophagus		
(A) DUE TO		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>Stanley S. Dunbar</i>		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED Dec. 8, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec. 12/1951		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.	
24D. LOCATION (City, town, or county) (State) Balt. md.		24E. FUNERAL DIRECTOR <i>Frank J. Jelle</i>		24F. ADDRESS 322 S. High St.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 10 1951		REGISTRAR'S SIGNATURE <i>W. Williams</i>			

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10680
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Anna M. Robinson		12-9-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
		A. STATE Md.			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
2319 Eutaw Pl.		Baltimore			
Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location)			
Length of stay in Baltimore 50 yrs.		2319 Eutaw Pl.			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years last birthday)	10. Under 1 Year Months: Days
female	white	single	Aug 1, 1873	78	5 8
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
				South Carolina	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY?	
William Robinson		Selina		U.S.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT	
(If yes, give war or dates of service)				ADDRESS	
				Jos. Robinson- Mt. Royal Hotel	

MEDICAL CERTIFICATION

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
153X I	(A) Pulmonary edema	2 hrs
ANTECEDENT CAUSES	(B) Chronic suppurative	10 years
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST.	(C) Cardiac hypertrophy & dilation	"
	(C) Carcinoma of colon	2 yrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
May 1950		Carcinoma of colon		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYNING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED		21F. HOW DID INJURY OCCUR?	
		WHILE AT WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from Feb 10, 1945 to Dec 4, 1951, that I last saw the deceased alive on Dec 8, 1951, and that death occurred at 7:45 P.M., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
Daniel Weissman		4404 Liberty St Ave		11 10 51	
M. D.					
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		12-12-51		Baltimore Hebrew	
24D. LOCATION (City, town, or county)		24E. LOCATION (City, town, or county)		24F. LOCATION (City, town, or county)	
Elclair Rd.		Elclair Rd.		Elclair Rd.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR	
DEC 10 1951		[Signature]		David P. Martino 1802 Eutaw	
VS 150		DAVID SONHEIM & SON		46E	

Permanently retained

Classic representative
Corticis hyperplasia
Carcinoma of colon

Examination of colon

1977

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 10681**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Edward J. Wunder,		2. DATE OF DEATH Dec. 8, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 2815 Waldorf Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, 15-13	
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 2815 Waldorf Ave.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 26, 1885
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Photo Engraver		10B. KIND OF BUSINESS OR INDUSTRY Newspaper	9. AGE (In years last birthday) 66
11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Frank Wunder,		14. MOTHER'S MAIDEN NAME Matilda Brehm,	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 578-09-6567A	
17. INFORMANT Mrs. Veronica Wunder, 2815 Waldorf Ave.		ADDRESS	

18. 162x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Branco-genic Carcinoma left lung.		INTERVAL BETWEEN ONSET AND DEATH Unknown
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from May, 1957, to Dec. 8th, 1951, that I last saw the deceased alive on Dec. 8th, 1951, and that death occurred at 12:32 P.m., from the causes and on the date stated above.

23A. SIGNATURE T. B. Emswiler	23B. ADDRESS 4936 Park Heights Ave.	23C. DATE SIGNED Dec. 1951
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Dec. 11, 1951	24C. NAME OF CEMETERY OR CREMATORY Cathedral Cem.	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR DEC 10 1951		REGISTRAR'S SIGNATURE <i>Wilmington Williams, M.D.</i>	FUNERAL DIRECTOR <i>W. Vernon Lemmon</i>
		ADDRESS 4611 Park Heights Ave.	

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MEDICAL CERTIFICATION

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10682

1. NAME OF DECEASED (Type or Print) FREDERICK STANLEY PORTER			2. DATE OF DEATH Dec. 8, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 4407 Underwood Rd.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 4407 Underwood Rd.			E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	B. DATE OF BIRTH Apr. 7, 1890		9. AGE (In years last birthday) 61 If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attorney			10B. KIND OF BUSINESS OR INDUSTRY Treas. Dept. U.S. Govt.		11. BIRTHPLACE (State or foreign country) Maryland
13. FATHER'S NAME Twilley C. Porter			14. MOTHER'S MAIDEN NAME Florence Long		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes World War #1			16. SOCIAL SECURITY NO.		
17. INFORMANT Mrs. Agnes Porter - 4407 Underwood Rd.			ADDRESS		

MEDICAL CERTIFICATION

18. 4211 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Aortic valve regurgitation DUE TO Undetermined cause		INTERVAL BETWEEN ONSET AND DEATH 5 yrs
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

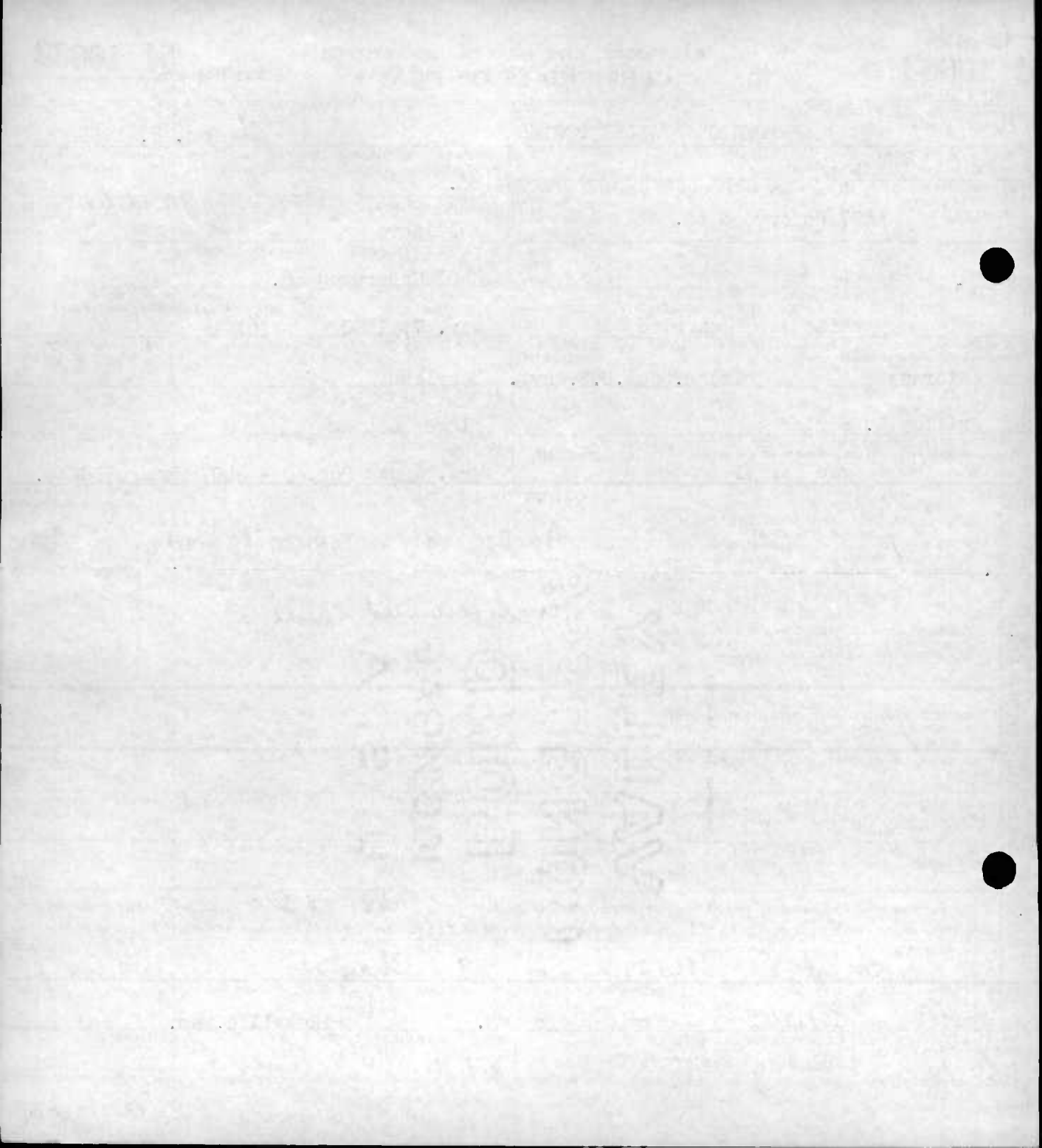
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1948 to 8 Dec , 1951, that I last saw the deceased alive on 8 Dec , 1951, and that death occurred at 11 p m., from the causes and on the date stated above.					
23A. SIGNATURE Robert E. Mason M. O.		23B. ADDRESS 9 E. Chase St.		23C. DATE SIGNED 10 Dec '51	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12/11/51	24C. NAME OF CEMETERY OR CREMATORY Druid Ridge Cem.	24D. LOCATION (City, town, or county) (State) Pikesville, Md.
DATE RECEIVED BY LOCAL REGISTRAR DEC 1 0 1951		REGISTRAR'S SIGNATURE Wm. J. Dickner & Sons	25. FUNERAL DIRECTOR Wm. J. Dickner & Sons

VS 150

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Back 17. mid 92a



420
51 10683

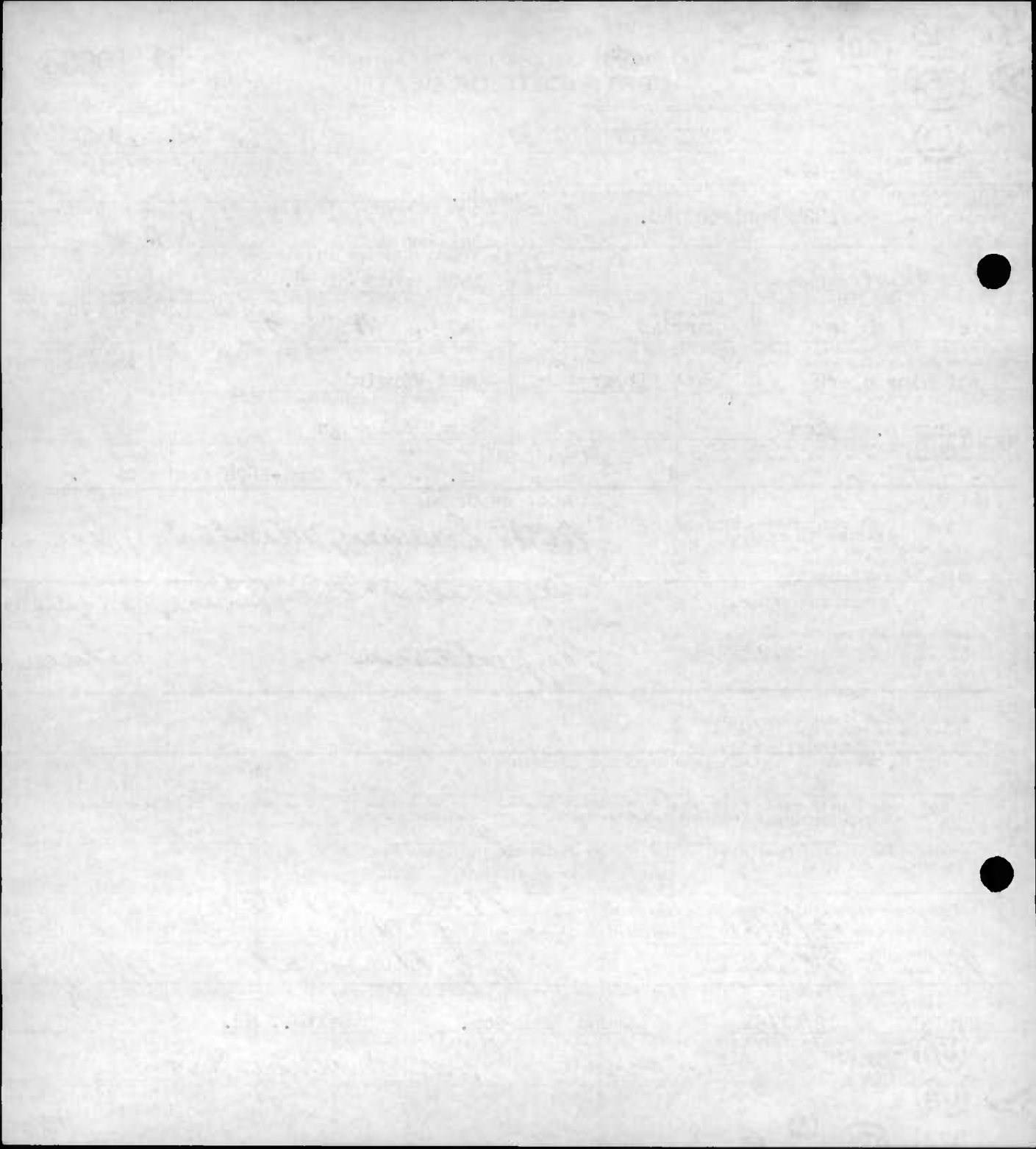
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10683
Registered No.

1. NAME OF DECEASED (Type or Print) JAMES WALTER BOYLES			2. DATE OF DEATH Dec. 8, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY 27-09		
B. FULL NAME OF HOSPITAL OR INSTITUTION 1524 Pentwood Rd.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 1524 Pentwood Rd.			E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 6, 1874	9. AGE (in years last birthday) 77	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) shipping clerk			10B. KIND OF BUSINESS OR INDUSTRY Pratt Library		
11. BIRTHPLACE (State or foreign country) West Virginia			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME George R. Boyles			14. MOTHER'S MAIDEN NAME Sarah Kalbaugh		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Mr. W. H. Pridham-1524 Pentwood Rd.			ADDRESS		

1B. 4201 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Acute Coronary Thrombosis, known DUE TO Myocardial Insufficiency (B) 25 years DUE TO Hypertension (C) 5 years	INTERVAL BETWEEN ONSET AND DEATH 25 years 5 years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1926 , 19__ to 1951 , 19__, that I last saw the deceased alive on 12/8/51 , and that death occurred at 12 M. , from the causes and on the date stated above.					
23A. SIGNATURE John G. Starnes		23B. ADDRESS 118 Chase St		23C. DATE SIGNED 12/10/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/11/51		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	
24D. LOCATION (City, town, or county) Balto., Md.		25. FUNERAL DIRECTOR Wm. J. Lickner & Sons Balto., Md 94a			



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **54 10684**

100
1 10684
BIRTH NO.

1. NAME OF DECEASED (Type or Print) EDMUND HENRY GEORGE PAPE		2. DATE OF DEATH December 7, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 603 W. Franklin Street		5. LENGTH of stay in Baltimore Yrs. Mos. Days	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Jan. 13, 1914
9. AGE (In years last birthday) 37		10. CITIZEN OF WHAT COUNTRY? Maryland	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) window cleaner		10B. KIND OF BUSINESS OR INDUSTRY windows	
13. FATHER'S NAME Edmund P. Pape		14. MOTHER'S MAIDEN NAME Anna Bogey	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) yes World War #2		16. SOCIAL SECURITY NO.	
17. INFORMANT Miss Hilda Pape-2823 Baker St.		ADDRESS	

18. E912.3 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Multiple fractures, lacerations and abrasions		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 12/7/51		19B. MAJOR FINDINGS OF OPERATION Warehouse		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Warehouse	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Kresson and Ashland Avenue		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 12/7/51 8:00 A.M.	21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? 30' to ground Struck by crane and fell about		

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>Stanley H. Deuel</i> M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED 12/7/51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12/11/51	24C. NAME OF CEMETERY OR CREMATORY Baltimore National Cem.		24D. LOCATION (City, town, or county) (State) Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR DEC 10 1951	REGISTRAR'S SIGNATURE <i>William H. Williams</i>	25. FUNERAL DIRECTOR <i>Wm. J. Tickner & Sons</i>	ADDRESS 176 Balto 17, Md.
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MEDICAL CERTIFICATION

11 1951

STATE OF NEW YORK

DEPARTMENT OF HEALTH

REPORT OF DEATH

NAME OF DECEASED

AGE

SEX

RACE

DATE OF DEATH

PLACE OF DEATH

Cause of Death

Signature of Physician

Signature of Coroner

Signature of Registrar

Signature of Medical Examiner

Signature of Pathologist

Signature of Forensic Scientist

Signature of Toxicologist

Signature of Anthropologist

Signature of Archaeologist

Signature of Linguist

Signature of Historian

Signature of Philologist

Signature of Philosopher

Signature of Sociologist

Signature of Anthropologist

Signature of Archaeologist

Signature of Linguist

Signature of Historian

Signature of Philologist

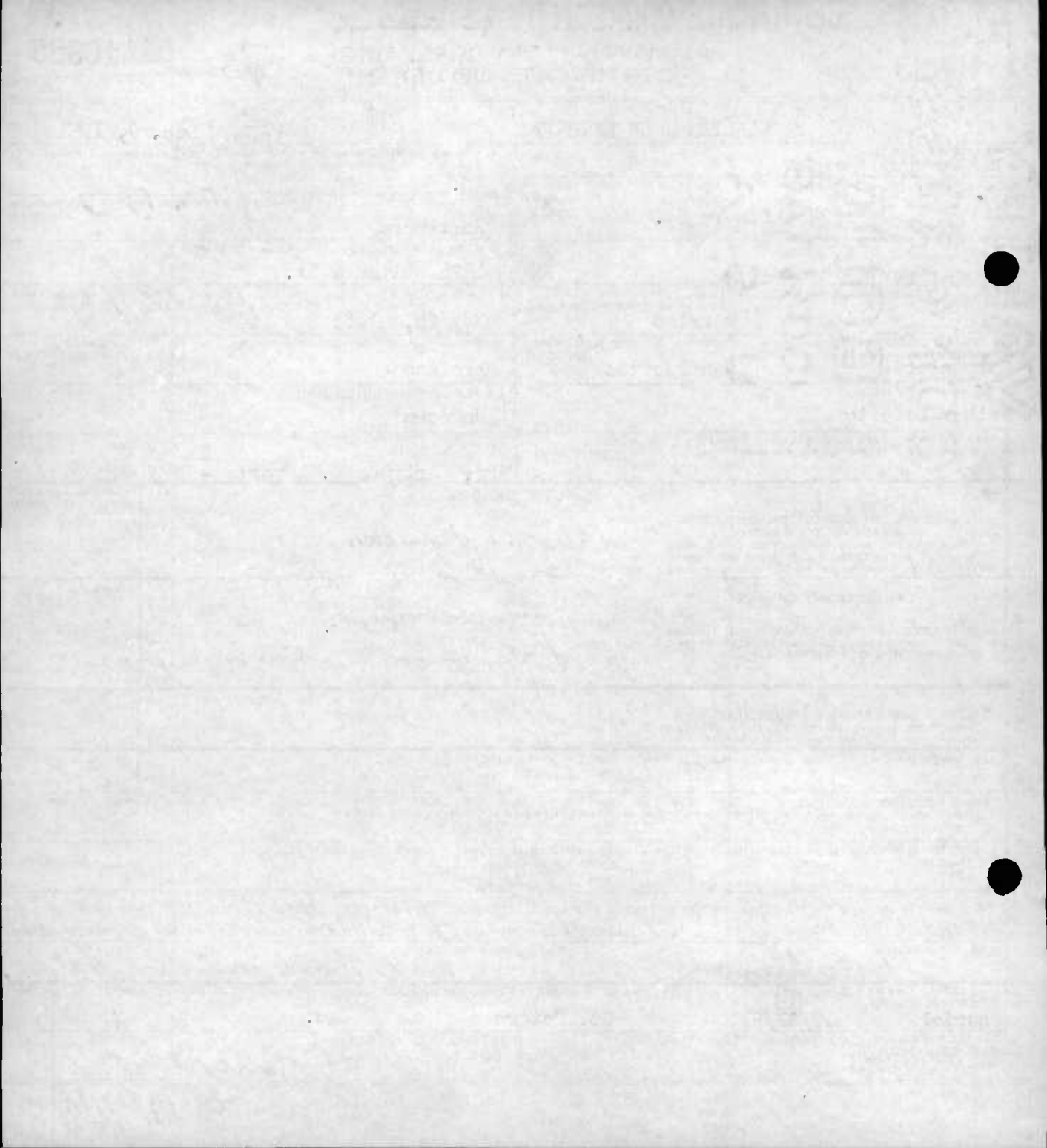
Signature of Philosopher

Signature of Sociologist

Signature of Anthropologist

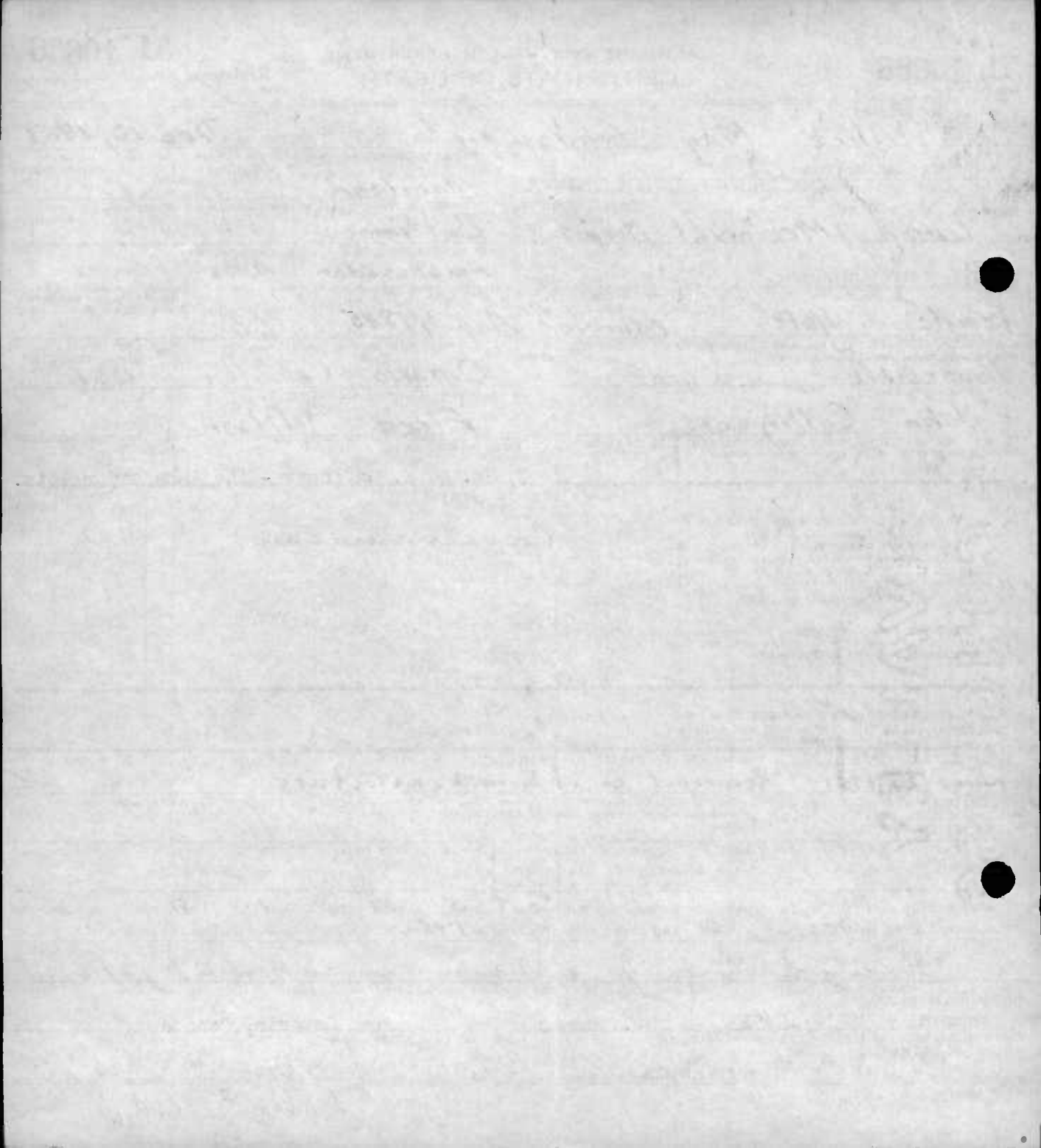
Signature of Archaeologist

John F. Johnson & Sons
Boston, Mass.



400
51 10686BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10686
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Alice May Galloway</i>		2. DATE OF DEATH <i>Dec 10, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>12-01</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Union Memorial Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
D. STREET ADDRESS (If rural, give location) <i>Ambassador Apts</i>			
5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>Aug 3, 1885</i>	
9. AGE (In years last birthday) <i>66</i>		10. Under 1 Year Months: Days Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>at home</i>	
11. BIRTHPLACE (State or foreign country) <i>Ontario, Canada</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>John Collinson</i>		14. MOTHER'S MAIDEN NAME <i>Eliza Wilson</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Mr. A. K. Galloway - The Ambassador Apts.</i>		ADDRESS	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>153X1</i> <i>Carcinomatosis</i> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DUE TO			
19A. DATE OF OPERATION <i>June 20, 1951</i>		19B. MAJOR FINDINGS OF OPERATION <i>Recurrent Ca of Sigmoid & metastases</i>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Sept 5, 1951</i> to <i>Dec 10, 1951</i> , that I last saw the deceased alive on <i>Dec</i> , 1951, and that death occurred at <i>1:45 a.m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Harvey S. Green Jr.</i> M. D.		23B. ADDRESS <i>Union Memorial Hospital</i>	
23C. DATE SIGNED <i>12/10/51</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24B. DATE <i>12/12/51</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>St. Thomas</i>		24D. LOCATION (City, town, or county) (State) <i>Ontario, Canada</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 10 1951</i>		REGISTRAR'S SIGNATURE <i>Dr. M. J. Lickner & Saw</i>	
FUNERAL DIRECTOR <i>Balto. Md 46E</i>		ADDRESS	



650
51 10687

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10687
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Fickman B. Warren</i>			2. DATE OF DEATH <i>Dec. 8, 1951</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>3209 Virginia Ave</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>3209 Virginia Ave</i>			C. CITY OR TOWN (If outside corporate limits, write R.U.R.L. and give township) <i>Baltimore 27-16</i>		
Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <i>3209 Virginia Avenue</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Nov. 7, 1872</i>	9. AGE (in years last birthday) <i>79</i>	10. Under 1 Year Months: _____ Days: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Carpenter</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Contracting</i>	11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Laurence Warren</i>			14. MOTHER'S MAIDEN NAME <i>Kate Perry</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>205-01-9807</i>		17. INFORMANT <i>Wm. Laura M. Warren</i>	

18. <i>331X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Cerebral Hemorrhage</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Generalized Arterio-Sclerosis</i>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>June 10, 1948</i> to <i>Dec. 8, 1951</i> that I last saw the deceased alive on <i>12/7/51</i> , and that death occurred at <i>1245</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Julius C. Gluch</i>		23B. ADDRESS <i>5356 Reisterstown Rd</i>		23C. DATE SIGNED <i>12/10/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Dec. 11, 1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Greenmount</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore, Maryland</i>		25. FUNERAL DIRECTOR <i>Loring Byers</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 10 1951</i>		REGISTRAR'S SIGNATURE <i>William H. Williams</i>		ADDRESS <i>5005th Fgts Ave</i>	

83a

10827

SECTION 10-12 OF 25

10827

[Faint, illegible handwritten text, likely bleed-through from the reverse side of the page. The text is mirrored and difficult to decipher.]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 10688
Registered No. _____

450
51 10688
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) MARY Hickey MALLONEE			2. DATE OF DEATH 12-7-51		
3. PLACE OF DEATH: <input checked="" type="checkbox"/> Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE		
5. FULL NAME OF HOSPITAL OR INSTITUTION MERCY Hospital			6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 25-05		
7. Length of stay in Baltimore 74 Yrs. Mos. Days			8. STREET ADDRESS (If rural, give location) 1603 CHERRY Street		
9. SEX F	10. COLOR OR RACE W	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	12. DATE OF BIRTH 5-23-77		13. AGE (In years, last birthday) 74
14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework			15. BIRTHPLACE (State or foreign country) MARYLAND		16. CITIZEN OF WHAT COUNTRY? U.S.
17. FATHER'S NAME James Thomas Hickey			18. MOTHER'S MAIDEN NAME Catherine Waters		
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		20. SOCIAL SECURITY NO.	21. INFORMANT ADDRESS		

18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 13 days
II ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerotic Hypertensive Cardiovascular Disease		15 yrs.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **Nov. 29, 1951**, to **Dec. 7, 1951**, that I last saw the deceased alive on **Dec. 7, 1951**, and that death occurred at **6:00 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE Wm. H. H. Shea M. D.		23B. ADDRESS Mercy Hosp.		23C. DATE SIGNED 12-7-51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12/11/51	24C. NAME OF CEMETERY OR CREMATORY Holy Cross	24D. LOCATION (City, town, or county) (State) D. A. Co. Md.	
25. FUNERAL DIRECTOR E. J. Fanning, Son - 1304 E. Belvidere		26. ADDRESS		

DEC 10 1951 VS 150
7208A 93D

MEDICAL CERTIFICATION

1000

RECEIVED
OFFICE OF THE
SECRETARY OF THE
NAVY
WASHINGTON, D. C.



51 10689

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10689

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George Edmond Smith

2. DATE
OF
DEATH

Dec. 10, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

2118 W. BALTIMORE ST.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

20-02

D. STREET ADDRESS (If rural, give location)

2118 W. BALTIMORE ST.

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

June 20, 1898

9. AGE (In years
last birthday)

53

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

SALESMAN

10B. KIND OF BUSINESS OR
INDUSTRY

Liquor

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

George W. Smith

14. MOTHER'S MAIDEN NAME

MAMIE C. SCHREINER

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

NONE

16. SOCIAL
SECURITY NO.

467-10-3168

17. INFORMANT

ADDRESS

Mrs. Marie Smith 2118 W. BALTIMORE ST.

18.

180X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from June 27, 1951, to Dec. 10, 1951, that I last saw the
deceased alive on Dec 8, 1951, and that death occurred at 7:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BURIAL

12-13-51

WESTERN CEMETERY

BALTIMORE, MARYLAND

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

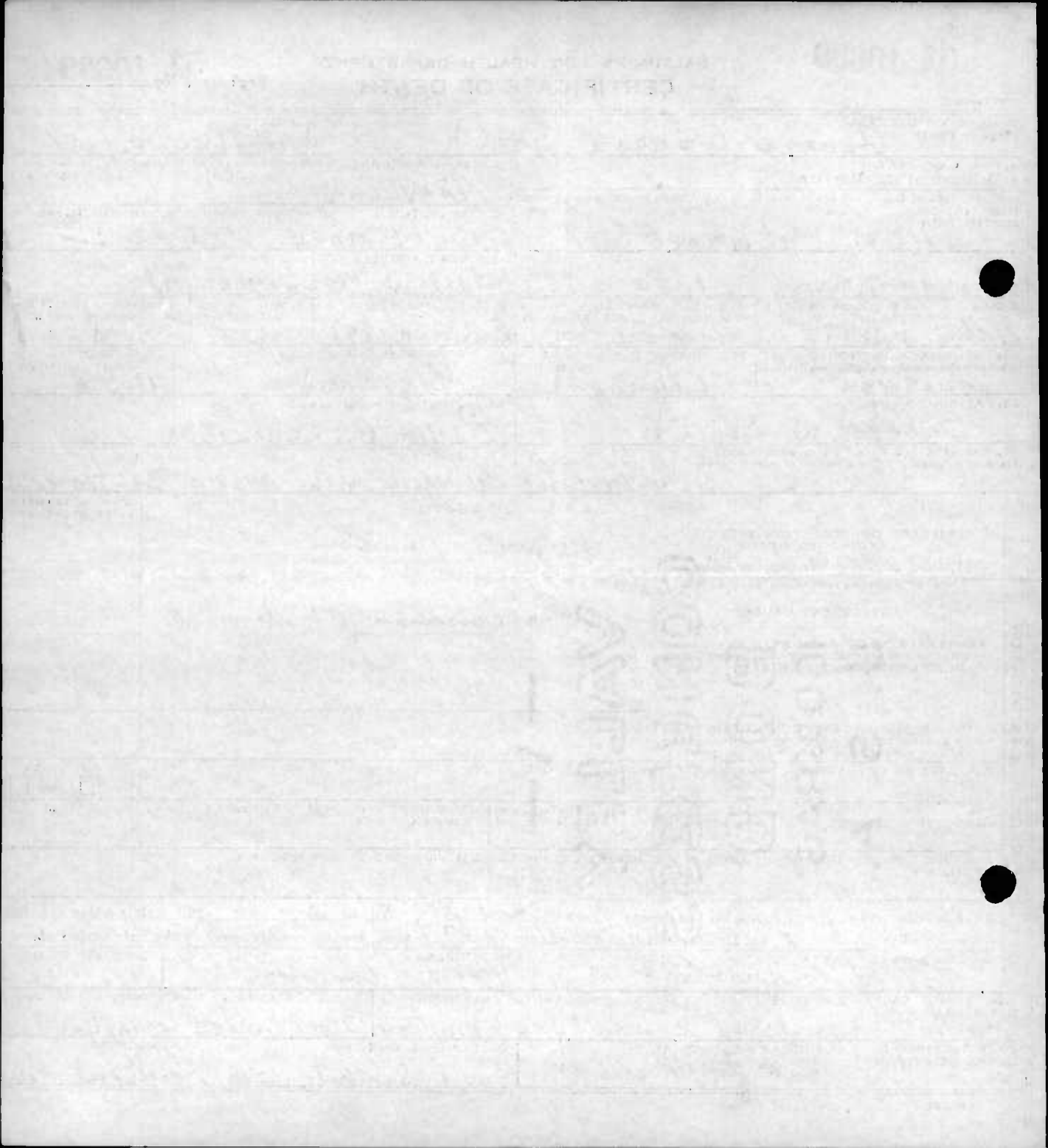
25. FUNERAL DIRECTOR

ADDRESS

DEC 11 1951

Huntington Williams, M.D.

GEO. L. Schwab 2101 Frederick Ave



600
51 10690

BALTIMORE CITY HEALTH DEPARTMENT

51 10690

CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Josephine Sher

2. DATE
OF
DEATH

Dec. 10, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution / residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

D. STREET ADDRESS (If rural, give location)

Baltimore 15-10
3507 Garrison Blvd

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

own home

13. FATHER'S NAME

Phillip Kurtz

8. DATE OF BIRTH

12-21-81

9. AGE (In years last birthday)

69

11. Under 1 Year

Months: Days

12. Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

Austria

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Rebecca

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

If yes, give war or dates of service

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

JOHNS HOPKINS HOSPITAL

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Carcinoma Gall
Bladder

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 11/28, 1951, to 12/10, 1951, that I last saw the deceased alive on 12/10, 1951, and that death occurred at 2:47 P.M., from the causes and on the date stated above.

23A. SIGNATURE

R. E. Wells

M. O.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

12-10-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12/11/51

24C. NAME OF CEMETERY OR CREMATORY

Beth Tfibk Cemetery Baltimore, Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

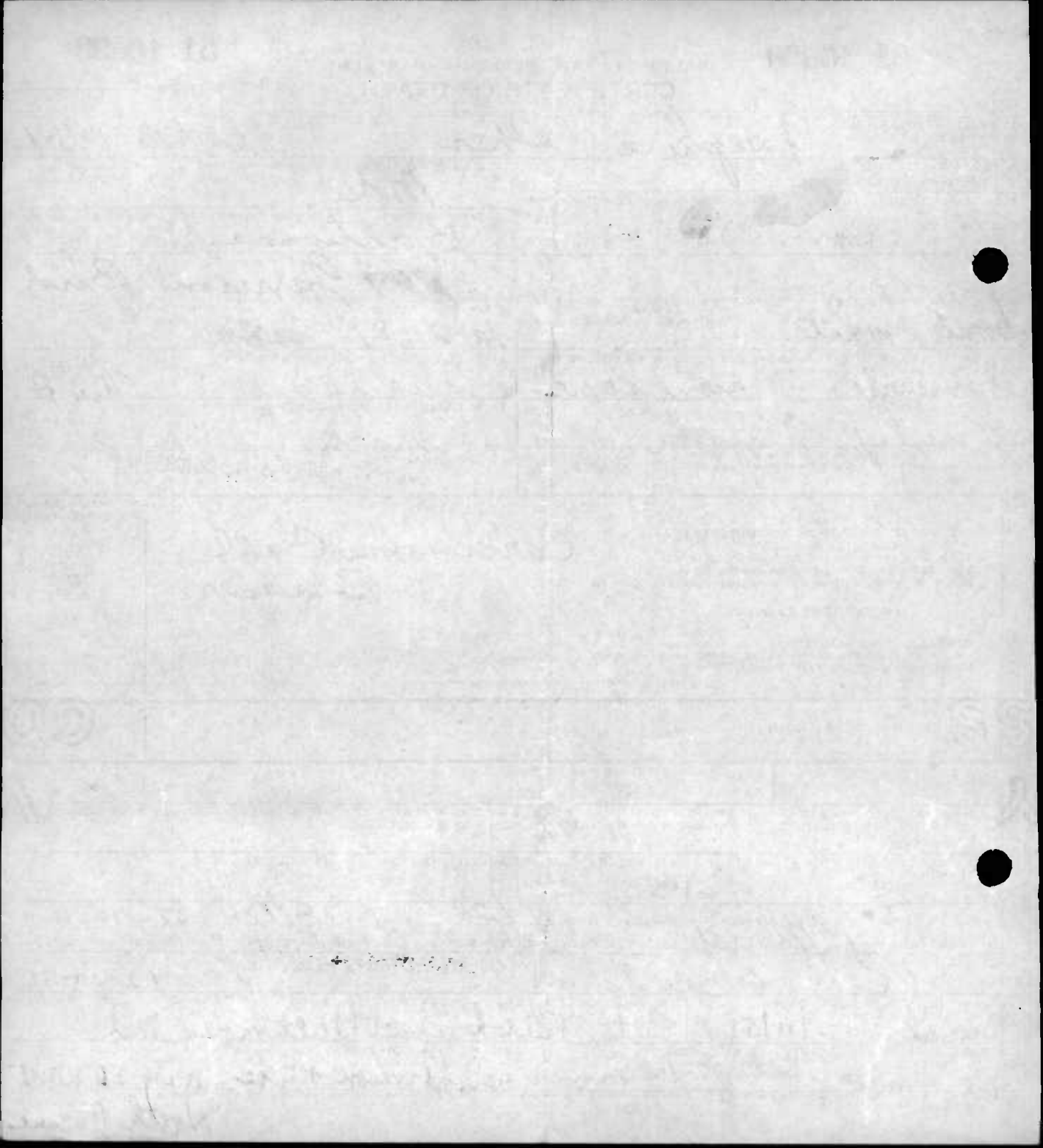
Sol. Levinson + Bros - 1124-26 West

ADDRESS

46 F North Avenue

DEC 11 1951

VS 150



51 10691

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10691

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

FANNY MAIER

2. DATE
OF
DEATH

12-11-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1701 Belmont

4. USUAL RESIDENCE

Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

3902 No Rogers Ave

c. Length of stay in Baltimore

15

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years)

If Under 1 Year

Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

UREMIA

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Arteriosclerotic CHD
Generalized Arteriosclerosis
Senility

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 6/1/51, to 12/11/51, that I last saw the deceased alive on 12/11/51, and that death occurred at 2:17 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Alfred
2511 West Rd
Ma 2031
~~2511 West Rd~~
~~Ma 2031~~

VALLEY
CONCRETE
WORKS

51 10692

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10692

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HINDA LESSER

2. DATE

OF

DEATH 12-11-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

SINAI HOSP

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

4816 Reisterstown Rd

C. Length of stay in Baltimore

27

Yrs.
Mons.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

9. AGE (In years

last birthday)

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

56

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Lith

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Not Known

14. MOTHER'S MAIDEN NAME

Not Known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Abraham Lesser - Same

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) MYOCARDIAL INFARCTION

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) HYPERTENSIVE ARTERIOSCLEROTIC HEART DISEASE

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 12-10, 1951, to 12-11, 1951, that I last saw the deceased alive on 12-11, 1951, and that death occurred at 5:50 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Adolphe M. Ehrenworth M. D.

Sinai Hosp.

12-11-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 11 1951

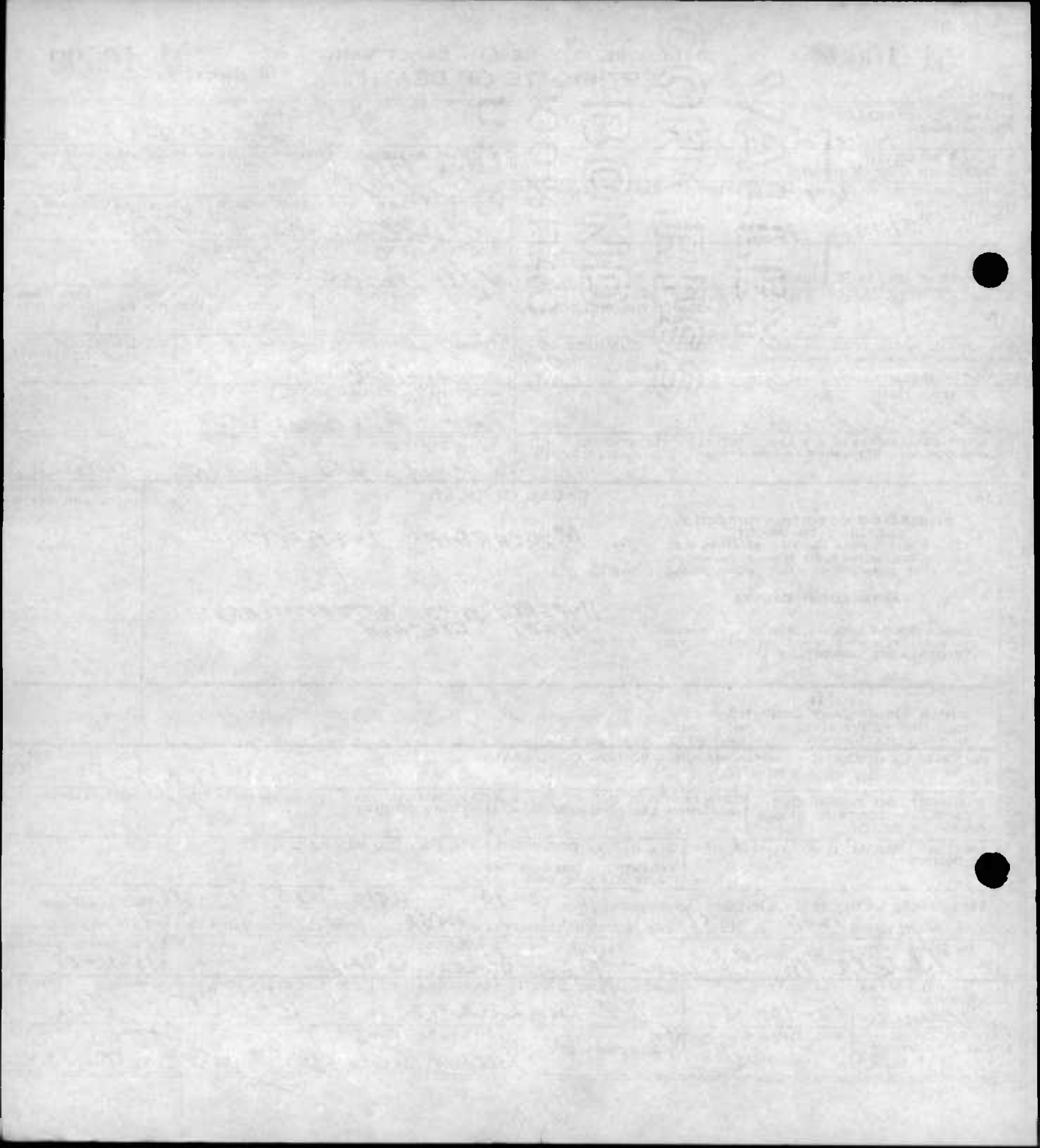
Tunington Williams, M.D.

Jack Newsome 2100 Canton Rd

VS 150

937

MEDICAL CERTIFICATION



324
51 10693BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10693
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Hunter Mitchell

2. DATE
OF
DEATH

12-10-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Provident Hospital

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

MAR. 31, 1883

9. AGE (In years
last birthday)

68

10 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

RACE TRACK ATTEND

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Lexington, Kentucky

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

077-05-6793

17. INFORMANT

ADDRESS

MRS GRACE Thomas - 303 W. 154th St. N. Y.

18. 420.0 and 151X
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

CAUSE OF DEATH

Arteriosclerotic Heart Disease

INTERVAL BETWEEN
ONSET AND DEATH

?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Aortic Aneurysm; Malignancy of Stomach?

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

None

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/7/51, 1951, to 12/10, 1951, that I last saw the
deceased alive on 12/10, 1951, and that death occurred at 6:05 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 11 1951

Huntington Williams, M.D.

FARL Gilmore - 514 Mosher St.

20301 to

10001 to

10001 to 20301

10001 to 20301

10001 to 20301

52
51 10694BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10694

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Sarah M. Armstrong

2. DATE
OF
DEATH Dec. 10, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE 1200 Eutaw Place4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY noneC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 11-04D. STREET ADDRESS (If rural, give location)
1200 Eutaw Place

E. Length of stay in Baltimore 43 Yrs. Mos. Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

9-18-57

9. AGE (In years last birthday)
94

10. Under 1 Year Months: Days 11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of worklog life, even if retired)
none

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Chowan Co., N. C.

12. CITIZEN OF WHAT COUNTRY?
U. S.

13. FATHER'S NAME

Rev. Bilbert M. F. Finch

14. MOTHER'S MAIDEN NAME

Sarah Ellis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Miss Beulah E. Armstrong 1200 Eutaw Place

18. 472.1 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) ...

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) ...

DUE TO

(C) ...

Congestive Heart Failure 5-6 days
myocarditis
Atherosclerosis
GradualII
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from July 1935, to Dec 10, 1951, that I last saw the deceased alive on 12-10-1951 and that death occurred at 8:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. O. 1403 Park Ave.

12 - 10 - 51

24A. BURIAL, CREMATION, REMOVAL (Specify)
burial

24B. DATE

12 - 12 - 51

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Culpepper, Va.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

John O. Mitchell & Sons, Inc.-1900 Eutaw Place

1000 10

1000 10

1000 10

1000 10

1000 10

1000 10

1000 10

1000 10

1000 10

1000 10

1000 10

1000 10

1000 10

1000 10

1000 10

1000 10

1000 10

1000 10

315
51 10695BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10695
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lucy Arnold Stephenson

2. DATE
OF DEATH Dec. 9, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION Haven Nursing Home

4515 Garrison Blvd.

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
single10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

Alfred Wood Stephenson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)A. STATE
MarylandB. COUNTY
noneC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

Hopkins Apts. St. Paul + 31st St.

8. DATE OF BIRTH

11/24/74

9. AGE (In years
last birthday)

77

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Tenn.

12. CITIZEN OF
WHAT COUNTRY?

U. S.

14. MOTHER'S MAIDEN NAME

Margaret Frances Arnold

17. INFORMANT
Mabel Norris

ADDRESS

3021 Gwynns Falls Pky.

18. 470.0 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

- Cerebral Hemorrhage

INTERVAL BETWEEN
ONSET AND DEATH

3 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO- Arterio-Sclerotic Heart
Disease

5 yrs.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

- Chronic Infectious Arthritis

10 yrs.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ AT WORK
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 8, 1950, to Dec. 9, 1951 that I last saw the
deceased alive on Dec. 9, 1951 and that death occurred at 4 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Earl L. Chambers

M. D.

23B. ADDRESS

4108 Liberty Heights Ave.

23C. DATE SIGNED

12 - 10 - 51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

cremation

24B. DATE

12/11/51

24C. NAME OF CEMETERY OR CREMATORY

Greenmount

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

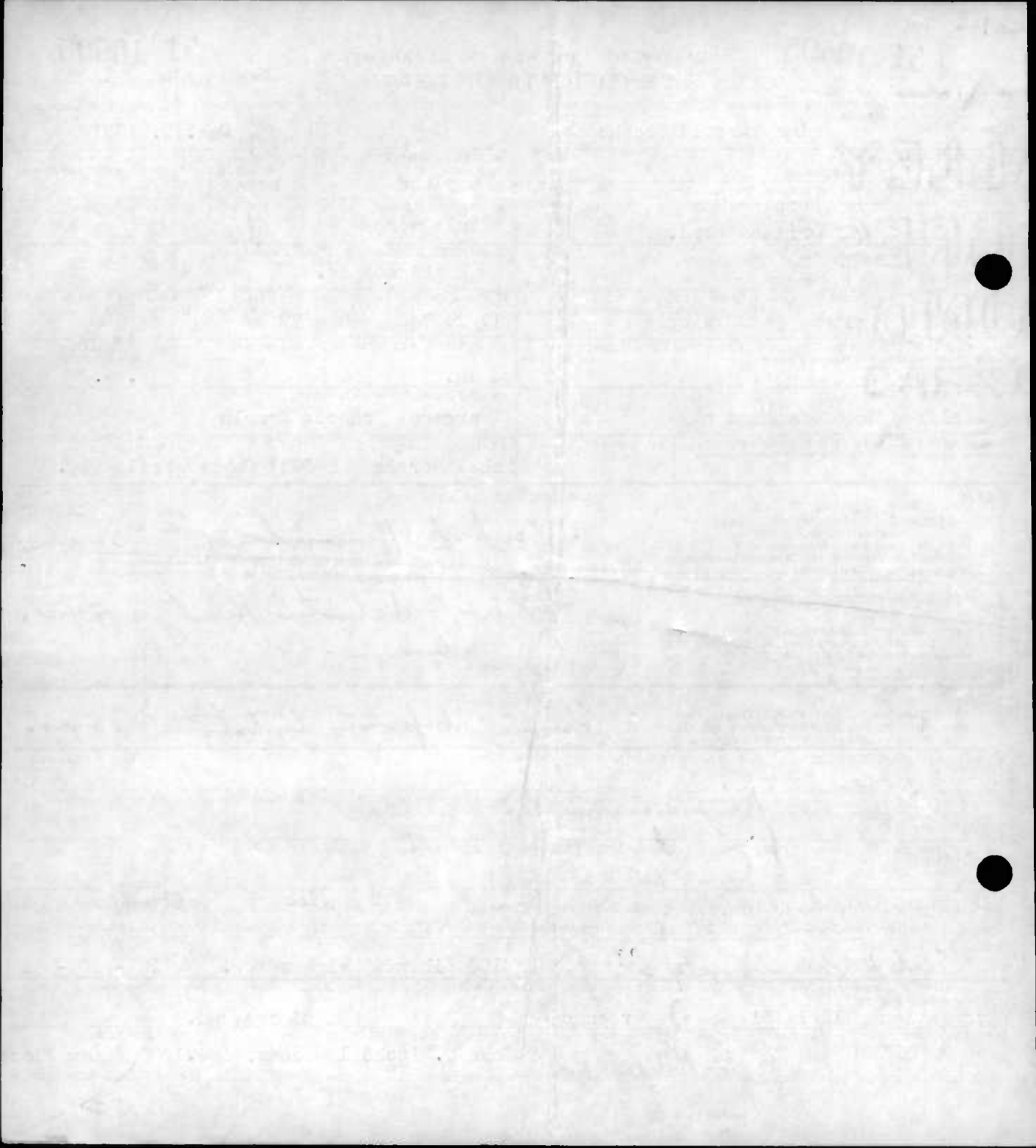
REGISTRAR'S SIGNATURE

T. H. Williams, Jr.

25. FUNERAL DIRECTOR

John O. Mitchell & Sons, Inc. 1900 Eutaw Place

ADDRESS



400
51 10696BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10696
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MICHAEL GEORGE BUEHL

2. DATE
OF
DEATH

9 Dec 51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence

A. STATE

Maryland

B. COUNTY

Baltimore

(before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

537 N. KENWOOD AVE -5

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

7-01

D. STREET ADDRESS (If rural, give location)

537 N. KENWOOD AVE -5

Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

13 JUN 1886

9. AGE (in years;
last birthday)

75

If Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

PAINTER

10B. KIND OF BUSINESS OR
INDUSTRY

HOUSES

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

FRANK BUEHL

14. MOTHER'S MAIDEN NAME

MARY

MUELLER

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.17. INFORMANT
ADDRESS
BERNADINE EVERING Rt 6 Box 913 on 21

18. 552X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

CHRONIC APPENDICITIS

Interval BETWEEN
ONSET AND DEATH
Last Attack
10d.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

Chronic A.S.C.V.D.

1 yr

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9 Dec 1951, to 9 Dec 1951, that I last saw the
deceased alive on 9 Dec 1951, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

2214 E. Fayette St 31

9 Dec 51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR PLACE

24D. LOCATION (City, town, or county) (State)

Burial

12/12/51

Holy Redeemer

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 11 1951

Huntington Williams, H.H.

Wm. Cool, Inc., 1217 Hb Paul St

NOT A MEDICAL EXAMINER'S CASE

[Signature] M.D.
CHIEF OR ASST. MEDICAL EXAMINER

51 10697

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10697

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES

KRUCKY

2. DATE
OF
DEATH

December 10, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Franklin Square Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

414 S. Monroe Street

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Oct. 3, 1890

9. AGE (In years
last birthday)

61

10. Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
Maintenance Man10B. KIND OF BUSINESS OR
INDUSTRY
Gibbs & Co.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?
U.S.

13. FATHER'S NAME

Frank Krucky

EARNED V.C.G. (4)

14. MOTHER'S MAIDEN NAME

Anna Ledvina

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

yes

W.W. 1

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Mary Stichel, Grasonville, Md.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Lobar pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Dec. 10, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/12/51

24C. NAME OF CEMETERY OR CREMATORY

Balto. Nat. Cem.

24D. LOCATION (City, town, or county) (State)

5501 Frederick Av. Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Schimunek Funeral Home, Inc.
2601-3-5 E. Madison St.

VS 151

55442

108

51 10698

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10698

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Emily Robinson

2. DATE
OF
DEATH

Dec. 10, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1624 E. Eager St.

c. Length of stay in Baltimore

19 yrs.

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

Lander Baker

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Rochelle Robinson 1624 E Eager St

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

Carcinomatosis

DUE TO

(B)

metastases from Carcin

DUE TO

(C)

to bladder and abdominal viscera

INTERVAL BETWEEN
ONSET AND DEATH

12-12-49

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Secondary Anemic

2/11/51

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 2, 1951 to Dec 10, 1951, that I last saw the
deceased alive on Dec 8, 1951, and that death occurred at 4 A. M., from the causes and on the date stated above.

23A. SIGNATURE

J. H. H. H.

M. D.

23B. ADDRESS

1422 E. Eager St

23C. DATE SIGNED

12/10/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

Dec 13/51

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Mrs. Phoebe G. Edmond, Daughter

1129 N. Caroline St 46E

VS 150

MEDICAL CERTIFICATION

WALLEN
CONGRESS
BOND
MORRIS

1) S. A.

200
51 10699BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10699
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE H. DeCOU

2. DATE
OF
DEATH

Dec. 9, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3954 Dolfield Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Md.

B. COUNTY

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

3954 Dolfield Ave.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

July 22, 1884

9. AGE (in years
last birthday)

67

H Under 1 Year
Months: DaysH Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of worklog life, even if retired)

Contractor & Builder - Building

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

New Jersey

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William DeCou

14. MOTHER'S MAIDEN NAME

- Williams

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

none

16. SOCIAL
SECURITY NO.
none

17. INFORMANT

ADDRESS

Mrs. May Gorsuch DeCou-3954 Dolfield Ave.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) ...

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) ...

DUE TO

(C) ...

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 8, 1951, to Dec 9, 1951, that I last saw the
deceased alive on Dec 9, 1951, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Cremation

24B. DATE

12/11/51

24C. NAME OF CEMETERY OR CREMATORY

Green Mount Crematory

24D. LOCATION (City, town, or county)

Balto., Md.

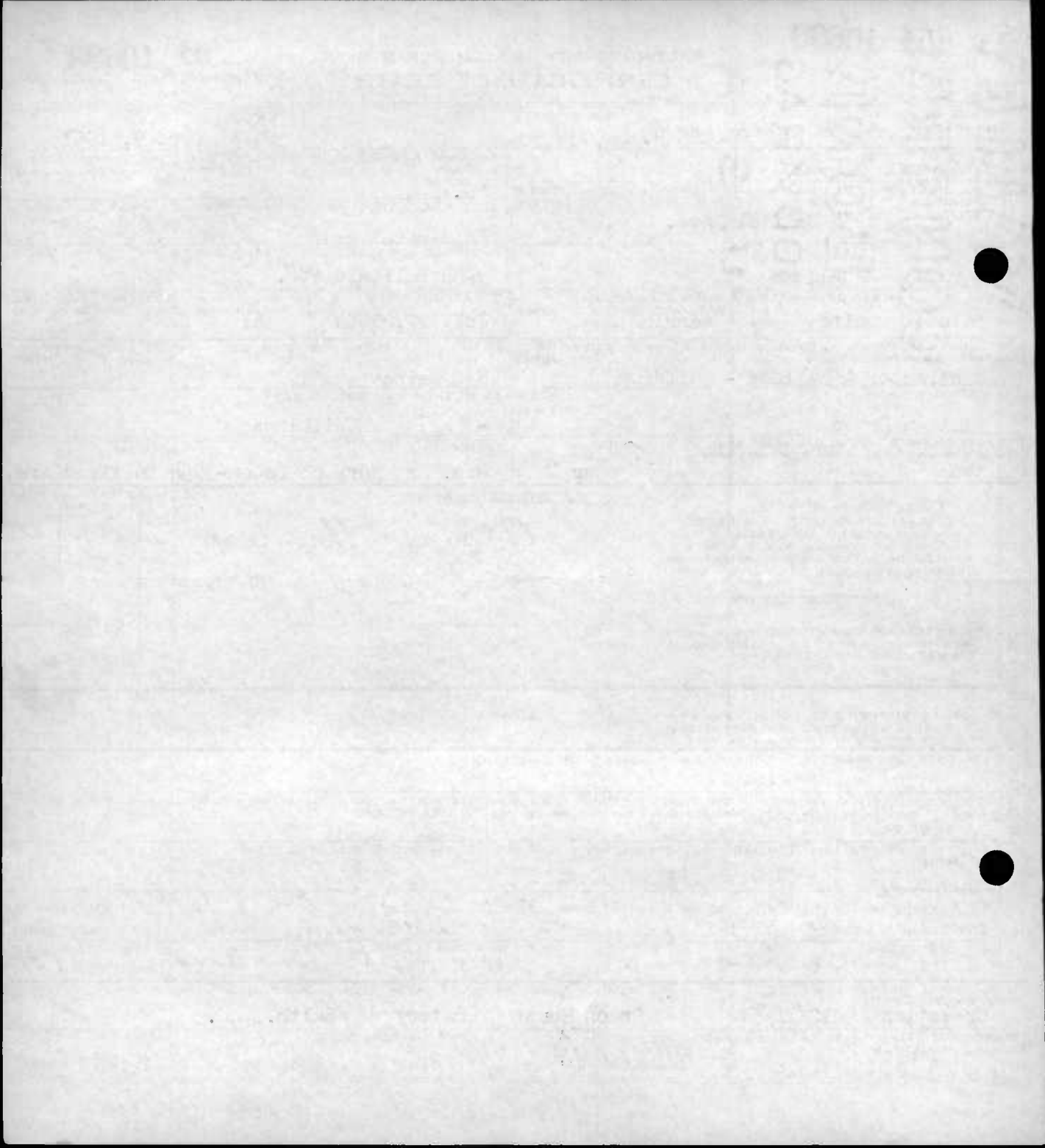
(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



51 10700

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10700

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIE HAMMOND

2. DATE
OF
DEATH

12/9/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

LUTHERAN HOSP OF MD. INC.

MD

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALT.

16-04

D. STREET ADDRESS (If rural, give location)

1129 MCKEAN AVE

C. Length of stay in Baltimore

57 yrs

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

11/18/96

9. AGE (In years
last birthday)

55

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR
INDUSTRY

AT HOME

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

WILLIAM F. BOYER

14. MOTHER'S MAIDEN NAME

JEANNIE M. GARDNER

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

NO

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Rosie Wilson - 1129 McKean Ave.

18. 443X I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Pneumonia

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Cerebro Vascular Accident

DUE TO

?

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) Hypertensive AS Cardio Vas. Disease

Cardiac Decompensation

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/3, 1951, to 12/8, 1951, that I last saw the
deceased alive on 12/8, 1951, and that death occurred at 6:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

12/12/51

WAGNER Chapel Cem.

A. A. Co., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

MEDICAL CERTIFICATION

Correct to 6

Baltimore 93D

100

51 10701

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Marion E. Shipley, Sr.

2. DATE
OF
DEATH

12/10/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Unio. Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1217 Leeds Terrace

6. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

Nov. 5, 1892

9. AGE (in years last birthday)

59

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Engineer (Stationary)

Alcohol

13. FATHER'S NAME

IND. (M)

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.

14. MOTHER'S MAIDEN NAME

Mary E. Chandler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Zelma F. Shipley-1217 Leeds Terrace

1B.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Ventricular Fibrillation

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Myocardial Infarction

DUE TO

(C) H. P. V. O.

INTERVAL BETWEEN ONSET AND DEATH

7

6 to 7 min

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 11/20, 1951, to 12/10, 1951, that I last saw the deceased alive on 12/10, 1951, and that death occurred at 1:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

Univ. Hosp.

12/10/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

12/13/51

Loudon Park Cem.

Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 11 1951

Kington Williams, M.D.

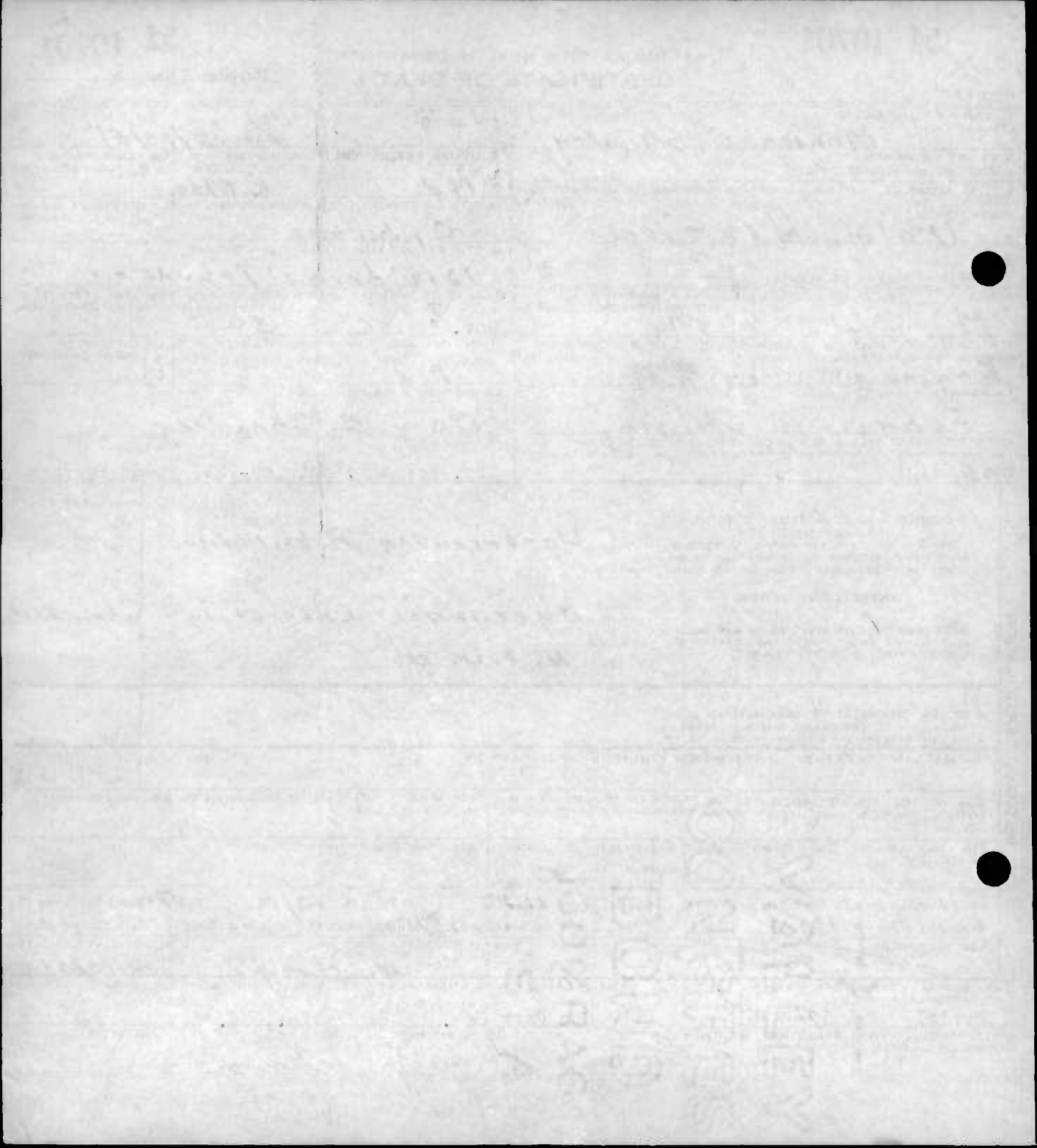
Mrs. J. Pickens & Sons

VS 150

5834R

Balto. 17, Md. 935

MEDICAL CERTIFICATION



52-5.
51 10702BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10702
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Mrs ROSARIA CONOSCENTI</i>			2. DATE OF DEATH <i>12-9-51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Lutheran Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Catonsville 5310</i>		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>5404 Edmondson Ave.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>March 14, 1874</i>	9. AGE (In years, last birthday) <i>77</i>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>at home</i>		11. BIRTHPLACE (State or foreign country) <i>Italy</i>	
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME <i>Pitro Miceli</i>		
14. MOTHER'S MAIDEN NAME <i>Petronilla -</i>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>no</i>		
16. SOCIAL SECURITY NO. <i>no</i>			17. INFORMANT ADDRESS <i>Mr. Joseph Conoscenti-5404 Edmondson Ave.</i>		

18. <i>E900.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>Acute Subdural Hematoma</i> DUE TO <i>Uretero lithiasis, Left</i> (B) <i>Left Hydro-nephrosis</i> DUE TO <i>Right Pyelonephritis</i> (C) <i>Pleural Adhesions</i> <i>Right Colla's Fracture</i>	INTERVAL BETWEEN ONSET AND DEATH <i>11-26-51 to 12-9-51</i>
--	---	--

19A. DATE OF OPERATION <i>11-26-51</i>	19B. MAJOR FINDINGS OF OPERATION <i>28-1</i>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) <i>Accident</i>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <i>4626 Reisterstown Rd # 15</i>
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>11-26-51 6PM</i>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <i>Fell on Steps</i>

22. I hereby certify that I attended the deceased from *11-26-51*, 19*51*, to *12-9-51*, 19*51*, that I last saw the deceased alive on *12-9-51*, 19*51*, and that death occurred at *9:57 PM* m., from the causes and on the date stated above.

23A. SIGNATURE <i>Norvald R. Daly Jr.</i>	23B. ADDRESS <i>Lutheran Hosp</i>	23C. DATE SIGNED <i>12-10-51</i>
--	--------------------------------------	-------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>12/12/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>New Cathedral Cem.</i>	24D. LOCATION (City, town, or county) (State) <i>Balto., Md.</i>
--	------------------------------	---	---

DATE RECEIVED BY LOCAL REGISTRAR <i>DECEMBER 1951</i>	REGISTRAR'S SIGNATURE <i>Wm. J. Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Wm. J. Vickers & Sons</i>	ADDRESS <i>186a Balto, Md</i>
--	---	--	----------------------------------

MINISTRE DE LA SANTE
CERTIFICATE OF DEATH

1. Name of the deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of the attending physician	
10. Signature of the registrar		11. Signature of the coroner		12. Signature of the medical examiner	
13. Signature of the funeral home		14. Signature of the family		15. Signature of the witnesses	
16. Signature of the priest		17. Signature of the minister		18. Signature of the mayor	
19. Signature of the justice of the peace		20. Signature of the sheriff		21. Signature of the coroner	
22. Signature of the medical examiner		23. Signature of the coroner		24. Signature of the medical examiner	
25. Signature of the coroner		26. Signature of the medical examiner		27. Signature of the coroner	
28. Signature of the medical examiner		29. Signature of the coroner		30. Signature of the medical examiner	
31. Signature of the coroner		32. Signature of the medical examiner		33. Signature of the coroner	
34. Signature of the medical examiner		35. Signature of the coroner		36. Signature of the medical examiner	
37. Signature of the coroner		38. Signature of the medical examiner		39. Signature of the coroner	
40. Signature of the medical examiner		41. Signature of the coroner		42. Signature of the medical examiner	
43. Signature of the coroner		44. Signature of the medical examiner		45. Signature of the coroner	
46. Signature of the medical examiner		47. Signature of the coroner		48. Signature of the medical examiner	
49. Signature of the coroner		50. Signature of the medical examiner		51. Signature of the coroner	
52. Signature of the medical examiner		53. Signature of the coroner		54. Signature of the medical examiner	
55. Signature of the coroner		56. Signature of the medical examiner		57. Signature of the coroner	
58. Signature of the medical examiner		59. Signature of the coroner		60. Signature of the medical examiner	
61. Signature of the coroner		62. Signature of the medical examiner		63. Signature of the coroner	
64. Signature of the medical examiner		65. Signature of the coroner		66. Signature of the medical examiner	
67. Signature of the coroner		68. Signature of the medical examiner		69. Signature of the coroner	
70. Signature of the medical examiner		71. Signature of the coroner		72. Signature of the medical examiner	
73. Signature of the coroner		74. Signature of the medical examiner		75. Signature of the coroner	
76. Signature of the medical examiner		77. Signature of the coroner		78. Signature of the medical examiner	
79. Signature of the coroner		80. Signature of the medical examiner		81. Signature of the coroner	
82. Signature of the medical examiner		83. Signature of the coroner		84. Signature of the medical examiner	
85. Signature of the coroner		86. Signature of the medical examiner		87. Signature of the coroner	
88. Signature of the medical examiner		89. Signature of the coroner		90. Signature of the medical examiner	
91. Signature of the coroner		92. Signature of the medical examiner		93. Signature of the coroner	
94. Signature of the medical examiner		95. Signature of the coroner		96. Signature of the medical examiner	
97. Signature of the coroner		98. Signature of the medical examiner		99. Signature of the coroner	
100. Signature of the medical examiner		101. Signature of the coroner		102. Signature of the medical examiner	

51 10703

CERTIFICATE CORRECTED 1-3-52

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 10703

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

3316 Batavia Ave.

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 11-30th, 1951, to _____, 19____, that I last saw the
deceased alive on 11-30th, 1951, and that death occurred at 5 PM m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR
DEC 11 1951

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Dr. Harold Bit
2516 Linden Ave.

523

51 10704

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10704
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lillian May Knight

2. DATE
OF
DEATH

Dec 8-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

912 Homestead St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 9-05

D. STREET ADDRESS (If rural, give location)

912 Homestead St.

Length of stay in Baltimore

5. SEX

Female white

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Dec 21-1879

9. AGE (In years
last birthday)

71

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Goodwin

14. MOTHER'S MAIDEN NAME

Lachgel

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs. George Knight 912 Homestead

ADDRESS

18. 331X I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

Paralysis

DUE TO

cerebral thrombosis

INTERVAL BETWEEN
ONSET AND DEATH

1 1/2 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Arterio sclerosis

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 29, 1951, to Dec 8, 1951, that I last saw the
deceased alive on Dec 8, 1951, and that death occurred at 7:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Jacob Fisher

M. D.

23B. ADDRESS

1823 N. West St.

23C. DATE SIGNED

12/10/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

12/14/51

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county)

Balto Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

L. J. Luck 5305 Harford Rd

Dr. F. J. ...
1823 N. W. Washington

50
51 10705BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10705
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) John Wesley Allen			2. DATE OF DEATH Dec. 10, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Montgomery		
B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution location) Maryland Penitentiary Hospital - Baltimore, Md.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kensington, 6500		
C. Length of stay in Baltimore 3 years			D. STREET ADDRESS (If rural, give location) 5 Bonnie Castle Avenue		
5. SEX Male	6. COLOR OR RACE Black	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH July 3, 1919	9. AGE (In years last birthday) 32	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Landscape worker		10B. KIND OF BUSINESS OR INDUSTRY Landscape	11. BIRTHPLACE (State or foreign country) Aiken, So. Carolina		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME James S. Allen (Deceased)			14. MOTHER'S MAIDEN NAME Rhodie Isaacs (Deceased) ✓		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) ?		16. SOCIAL SECURITY NO. ?		17. INFORMANT ADDRESS H.W.D. Holljes, M.D. Balto. Md.	

18. **DOX** I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

(A)
DUE TO

(B)
DUE TO

(C)

Pulmonary Tuberculosis
Far advanced, bilateral
cavitation

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from September 25, 1951 , to Dec. 10, 1951 , that I last saw the deceased alive on Dec. 10, 1951 , and that death occurred at 12 p. m. , from the causes and on the date stated above.					
23A. SIGNATURE Henry W. D. Holljes		23B. ADDRESS 3308 W. North Ave.		23C. DATE SIGNED	
24A. BURIAL, CREMA- TION, REMOVAL (Specify)		24B. DATE Dec 11, 1951		24C. NAME OF CEMETERY OR CREMATORY Rockville Md	
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR Robert L. Snowden		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR DEC 11 1951		REGISTRAR'S SIGNATURE W. H. Williams, M.D.		ADDRESS	

1000

CONFIDENTIAL

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

125
51 10706BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10706
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WALTER COTTMAN GIBSON

2. DATE
OF
DEATH

December 9, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Provident Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

New York

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

Brooklyn

D. STREET ADDRESS (If rural, give location)

146 Anton Place 46 A HAMPTON PL

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

7-25-1885

9. AGE (In years
last birthday)

66

11 Under 1 Year
Months: Days12 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Redcap (retired)

10B. KIND OF BUSINESS OR
INDUSTRY

Penn. R. R.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Gibson

14. MOTHER'S MAIDEN NAME

Naomi COTTMAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

HELEN RICHARDSON 46A HAMPTON PL
Brooklyn, N.Y.

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Hypertensive arteriosclerotic cardio-
vascular disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William Gibson

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Dec. 10, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

12-13-51

24C. NAME OF CEMETERY OR CREMATORY

MT. CALVARY

24D. LOCATION (City, town, or county)

A.A. COUNTY, MD

DATE RECEIVED BY
LOCAL REGISTRAR

DEC 11 1951

REGISTRAR'S SIGNATURE

William Gibson

25. FUNERAL DIRECTOR

Joseph G. Locke, Jr. 1304 N. Central Ave

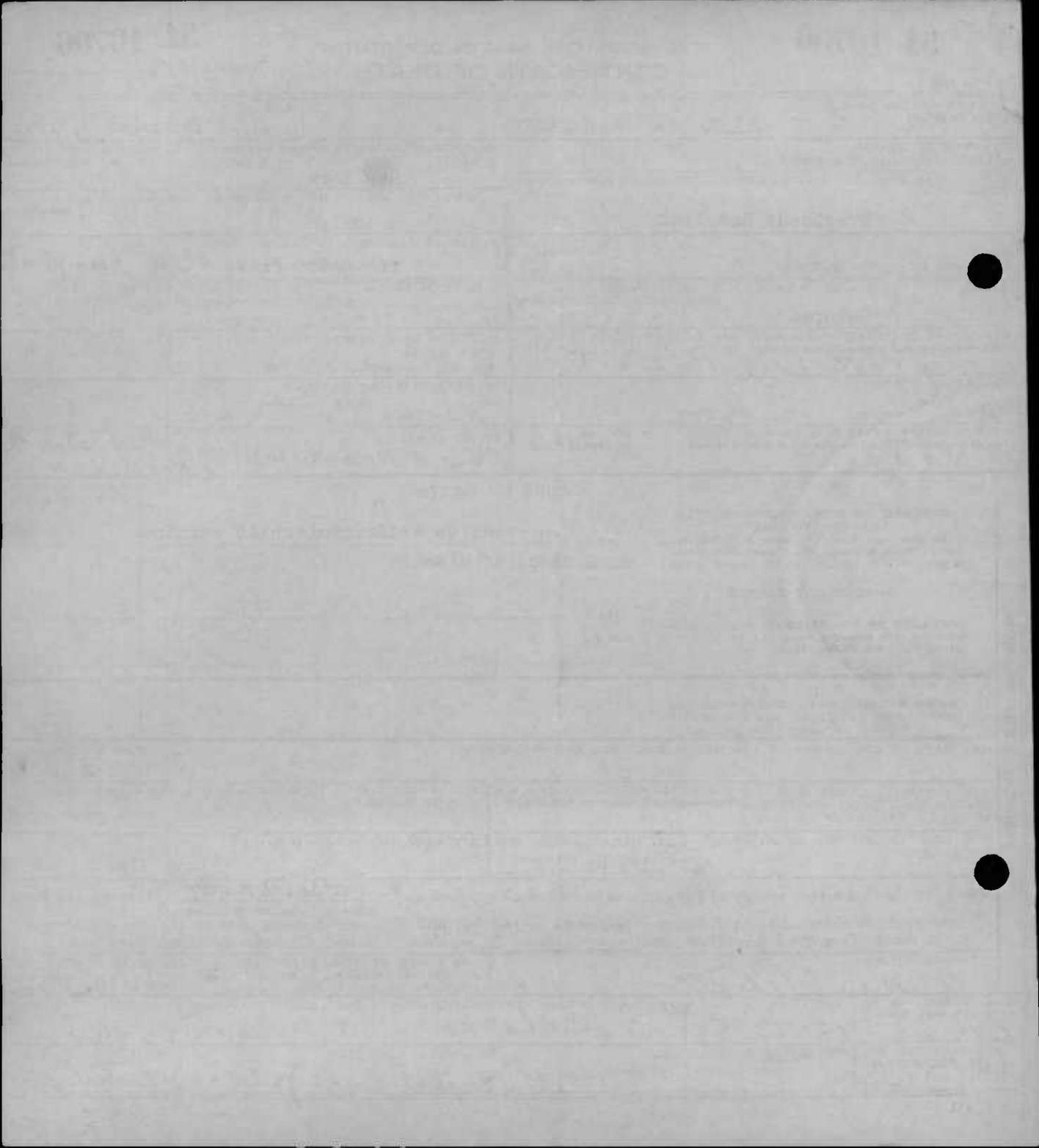
ADDRESS

VS 151

780 50

937 ✓

MEDICAL CERTIFICATION



366
51 10707BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10707

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mattie E. Waterworth

2. DATE
OF
DEATH

Dec. 8/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1805 Hollins St.

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE
B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

1805 Hollins St.

c. Length of stay in Baltimore Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

May 3, 1866

9. AGE (In years
last birthday)

85

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

H. W.

10B. KIND OF BUSINESS OR
INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William S. Mabbett

14. MOTHER'S MAIDEN NAME

Margaret McCullom,

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Harry O. Waterworth, 2815 Hemlock Ave

18. 332X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Generalized Arteriosclerosis

DUE TO

(C)

age

INTERVAL BETWEEN
ONSET AND DEATH

7 days

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1946 to Dec 8, 1951, that I last saw the
deceased alive on 12-8-1951, and that death occurred at 3P m., from the causes and on the date stated above.

23A. SIGNATURE

Morris B. Scheiter

23B. ADDRESS

M. D.

54 S. Fulton Ave.

23C. DATE SIGNED

12-10-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/11/51

24C. NAME OF CEMETERY OR CREMATORY

Western Cemetery, Edmondson Ave. & Longwood St

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

DEC 11 1951

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Harry H. Witzke

ADDRESS

4201 Edmondson Ave.

51 10708

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10708
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)3. PLACE OF DEATH:
A. Baltimore City, MarylandB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

8. DATE OF BIRTH

9. AGE (In years, last birthday)

10. Under 1 Year Months: Days
11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS 20 N. Norris St.

18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) arterial Hypertension
DUE TO Hypostatic Pneumonia
Poly articular arthritis
(B) Cardiovascular Disease
DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AS WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 26, 1951, to Dec. 7, 1951, that I last saw the deceased alive on Dec. 3, 1951, and that death occurred at 8:05 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

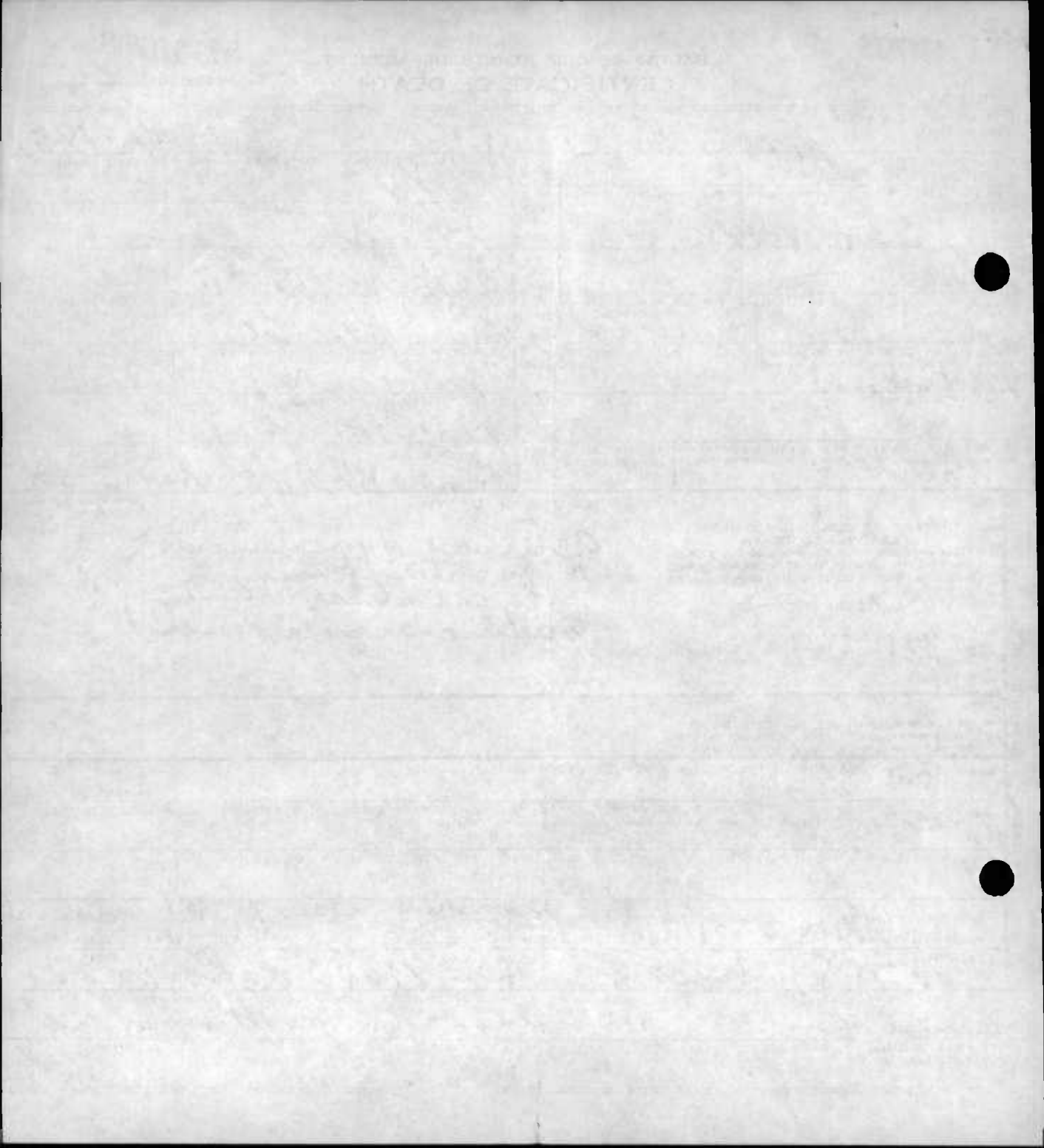
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS 322 N. Schaefer St.



400 51 10709

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10709

Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print) WILLIAM GEORGE BAILEY		2. DATE OF DEATH December 4, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
D. STREET ADDRESS (If rural, give location) 532 McMechen Street		14-02 ✓			
5. SEX Male		6. COLOR OR RACE Col.		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Mar. 3, 1904		9. AGE (In years last birthday) 45		If Under 1 Year: Months _____ Days _____ If Under 24 Hours: Hours _____ Min. _____	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10B. KIND OF BUSINESS OR INDUSTRY Gen		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME William Bailey-Baltimore, Maryland			
14. MOTHER'S MAIDEN NAME Susan Brown		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Marie Turner (sister)-412 N. Carrollton			

18. 581.0		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Fatty Liver			
ANTECEDENT CAUSES		(B) _____			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) _____			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an **Partial autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE R S Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Dec. 5, 1951	
-------------------------------------	--	--	--	---	--

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/11/1951		24C. NAME OF CEMETERY OR CREMATORY Wm. Auburn Cem. Balto.	
24D. LOCATION (City, town, or county) (State) Md.		25. FUNERAL DIRECTOR Mrs. Katie R. Williams		ADDRESS 322 N. Huntington Williams St.	

PROD: 12

STANDARD 30 STAMPS

OR 11

352
51 10710BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10710
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ALFRED WHITTINGTON

2. DATE
OF
DEATH

DEC. 9, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

UNIVERSITY

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, if institution; residence

A. STATE

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1951 VINE ST. 70-01

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct. 16, 1916

9. AGE (In years
last birthday)

35

10 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Truck Driver

10B. KIND OF BUSINESS OR
INDUSTRY

Lumber Co.

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Edward Whittington

14. MOTHER'S MAIDEN NAME

Irene Hamper

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

W.W.-II

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Irene Fludd Vine St. 829

18. E982X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

STAB WOUND OF CHEST

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

STREET

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

6 N. POPLETON ST

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Dec 8, 1951 11 P.

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

STABBED IN ALTERCATION

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

Stanley H. Duncanson

M.D.

23B. CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

MEDICAL INVESTIGATOR

23C. DATE SIGNED

Dec 9, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/13/1951

24C. NAME OF CEMETERY OR CREMATORY

Balto. National Cem.

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

DEC 11 1951

Whittington Williams, Jr.

25. FUNERAL DIRECTOR

Mrs. Katie R. Williams

ADDRESS

322 N. Schroeder St.

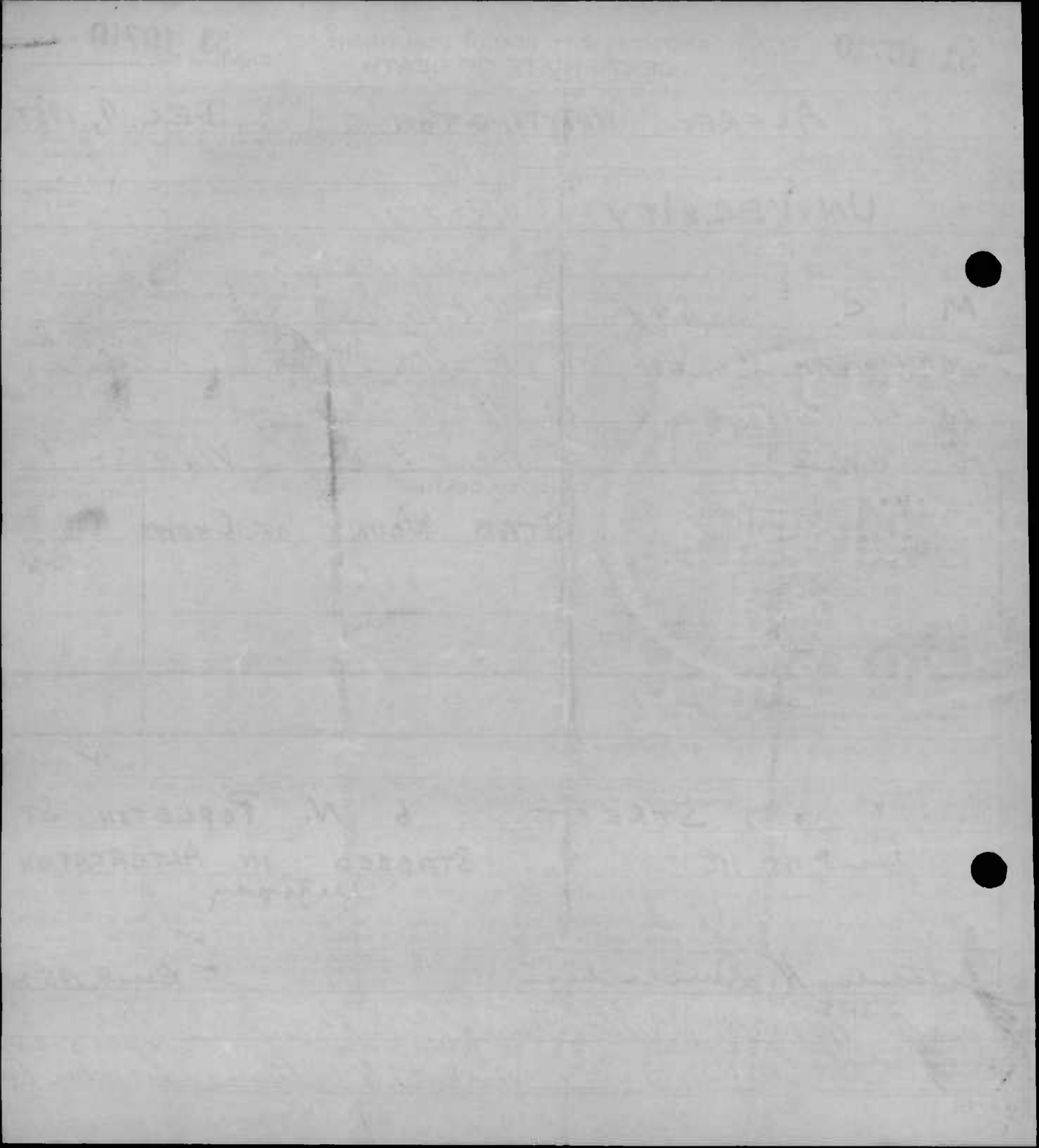
VS 151

N-862.2

6836P

167

MEDICAL CERTIFICATION



612
51 10711

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10711

Registered No. _____

BIRTH NO. _____			1. NAME OF DECEASED (Type or Print) <u>William H. Forbes</u>			2. DATE OF DEATH <u>12-8-51</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY _____			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION <u>Bar-Wil-Ba Nursing Home</u>			D. STREET ADDRESS (If rural, give location) <u>1202 Argyle Avenue</u>			E. LENGTH OF STAY IN BALTIMORE <u>Life</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>C</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>S</u>	8. DATE OF BIRTH <u>10-28-1881</u>		9. AGE (In years last birthday) <u>70</u>	If Under 1 Year Months: Days		If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>unemployed</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Baltimore, Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>James Forbes</u>			14. MOTHER'S MAIDEN NAME <u>Sarah Waters</u>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		
16. SOCIAL SECURITY NO. <u>none</u>			17. INFORMANT <u>Lillian Gray</u>			ADDRESS <u>508 Bloom Street</u>		
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>442X I Cardio Vascular Renal Disease</u>			CAUSE OF DEATH (A) <u>Cardio Vascular Renal Disease</u> DUE TO (B) _____ DUE TO (C) _____			INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.								
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION <u>0</u>			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>Oct-10</u> , 19 <u>49</u> , to <u>12-8-</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>12/4</u> , 19 <u>51</u> , and that death occurred at <u>9:20</u> m., from the causes and on the date stated above.								
23A. SIGNATURE <u>W. C. Jackson</u>			23B. ADDRESS <u>1200 - N. Adington</u>			23C. DATE SIGNED <u>12/11/51</u>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			24B. DATE <u>12-12-51</u>			24C. NAME OF CEMETERY OR CREMATORY <u>Int. Auburn</u>		
24D. LOCATION (City, town, or county) <u>Baltimore, Maryland</u>			24E. FUNERAL DIRECTOR <u>Geo. G. Kelson</u>			ADDRESS <u>1302 Presstman St.</u>		
DATE RECEIVED BY LOCAL REGISTRAR <u>DEC 11 1951</u>			REGISTRAR'S SIGNATURE <u>William H. Forbes</u>			VS 150		

MEDICAL CERTIFICATION

131a

[Faint, illegible handwriting throughout the page, likely bleed-through from the reverse side. The text is too light to transcribe accurately.]

51 10712

51 10712

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John A. Potter

2. DATE
OF
DEATH

12/10/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Sinai Hosp

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

9-02

D. STREET ADDRESS (If rural, give location)

2101 E. Fayette St.

C. Length of stay in Baltimore

30 days

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

April 19, 1893

9. AGE (in years

last birthday)

38

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Caretaker

10B. KIND OF BUSINESS OR INDUSTRY

A. F. & L. Union

11. BIRTHPLACE (State or foreign country)

Pa

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Potter

14. MOTHER'S MAIDEN NAME

Ida Christy

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

216-10-4910

17. INFORMANT

ADDRESS

May J. Potter, 2101 E. Fayette

18. 416X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary Edema

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Congestive Failure

DUE TO

(C) RHD

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 12/10, 1951, to 12/10, 1951, that I last saw the deceased alive on 12/10, 1951, and that death occurred at 11:22 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Verene J. Geller

M. D.

23B. ADDRESS

Sinai Hosp

23C. DATE SIGNED

12/10/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 11 1951

Huntington Williams, Jr.

Philip Herwigson, 2024 Calhoun

VS 150

56424

95B

MEDICAL CERTIFICATION

SMITH

SMITH

HYDROLOGICAL DATA



114
1 10713

51 10713

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Charles Cleopulos

2. DATE
OF
DEATH

Dec. 10, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution; residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

3-4-98

9. AGE (In years,
last birthday)

53

10 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Cook

10B. KIND OF BUSINESS OR
INDUSTRY

Restaurant

11. BIRTHPLACE (State or foreign country)

Greece

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Louis Cleopulos

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 561.0 and 260X
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

1. R. Inguinal Hernia
Incarcerated Inguinal Hernia
shangulated loop in Inguinal Hernia
2. Arteriosclerotic cardiovascular disease
with heart failure
3. Diabetes mel
4. Diabetic AcidosisINTERVAL BETWEEN
ONSET AND DEATH

21 years

11 years

5 hours

6 months

1 year

2 days

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

8 Dec 51

19B. MAJOR FINDINGS OF OPERATION

shangulated loop in incarcerated R inguinal hernia

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

No

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/7/51 to 12/10/51, that I last saw the
deceased alive on 12/10/51, and that death occurred at 6:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

T. Roman

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

10 Dec 51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12-13-51

24C. NAME OF CEMETERY OR CREMATORY

Greek Cemetery

24D. LOCATION (City, town, or county)

Windsor Mill Rd

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William H. Williams, M.D.

25. FUNERAL DIRECTOR

Lambros Inc 440 E. North Ave

ADDRESS

WATKINS
CONGRESS
BOND
COOK

616
51 10714BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10714
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARIAN TRAVERS CARVER

2. DATE
OF
DEATH

Dec. 8, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

5507 Richard Ave.

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
widowed10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

saleslady

10B. KIND OF BUSINESS OR
INDUSTRY

Dorothy Lynch Studio

13. FATHER'S NAME

Samuel C. Travers

MANNEQUIN STUDIO

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.
212-32-3831

8. DATE OF BIRTH

June 7, 1889

9. AGE (in years
last birthday)

62

If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Susan Gould

17. INFORMANT

ADDRESS

Mr. F. H. Hupfield-1702 Windemere Ave.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Coronary Thrombosis

MEDICAL CERTIFICATION

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/8, 1951 to 12/8, 1951 that I last saw the
deceased alive on 19 and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/12/51

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county)

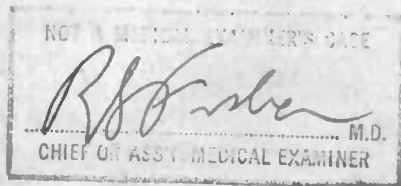
Pikesville, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



420
51 10715BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10715
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELIZABETH PAULUS

2. DATE
OF
DEATH

Dec. 9, 1951

3. PLACE OF DEATH: HOME
A. Baltimore City, Maryland 146 S. East Ave.B. FULL NAME OF
HOSPITAL OR
INSTITUTION

146 S. East Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE

Maryland

B. COUNTY

before admission)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

26-10

D. STREET ADDRESS (If rural, give location)

146 S. East Avenue

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

May 6, 1870

9. AGE (In years
last birthday)

81

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Charles Paulus

14. MOTHER'S MAIDEN NAME

Katherine Roth

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

None

17. INFORMANT 146 S East Avenue
Mr. Henry F. Bickel

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(A) Coronary Thrombosis due -
DUE TO my part 4 aneurysm suffered from
two very slight attacks.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 15, 1951 to Dec. 9, 1951, that I last saw the
deceased alive on Dec. 8, 1951, and that death occurred at 4:10 P. M., from the causes and on the date stated above.

23. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/12/51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 11 1951

HENRY SANDER & SONS, INC.
BALTO., 13, MD

VS 150

94a

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51 10716

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10716
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPH Henry O'CONNOR

2. DATE
OF
DEATH

December 9, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or
location)

Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1045 Hillen Street

Length of stay in Baltimore

Yrs.
Mos.
Days

6. COLOR OR RACE

Male

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Nov. 8, 1899

9. AGE (In years
last birthday)

52

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Steam fitter

10B. KIND OF BUSINESS OR
INDUSTRY

Contracting

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

John O'Connor

14. MOTHER'S MAIDEN NAME

Christina Mathison

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.17. INFORMANT 1742 E. North Avenue -13
Mrs. Christina O'Connor

18. CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Lobar pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Dec. 10, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

12/12/51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Carmel Cemetery Baltimore, Md.

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.
BALTO., 13, MD.

ADDRESS

VS 151

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108

MEDICAL CERTIFICATION

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530 51 10717

X 51 10717 Registered No.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JAMES B. SMITH			2. DATE OF DEATH 12-11-57		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY WICOMICO		
5. FULL NAME OF HOSPITAL OR INSTITUTION South Balto Gen Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) SALISBURY		
6. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) DELMAR Road. 7212		
7. SEX M	8. COLOR OR RACE W	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	10. DATE OF BIRTH Aug. 29 1868	11. AGE (In years last birthday) 83	12. If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10B. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Smith			14. MOTHER'S MAIDEN NAME MARY DORMAN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) —		16. SOCIAL SECURITY NO. —	17. INFORMANT Bessie S. Hudson ADDRESS 208 OATB AVE. STATE		

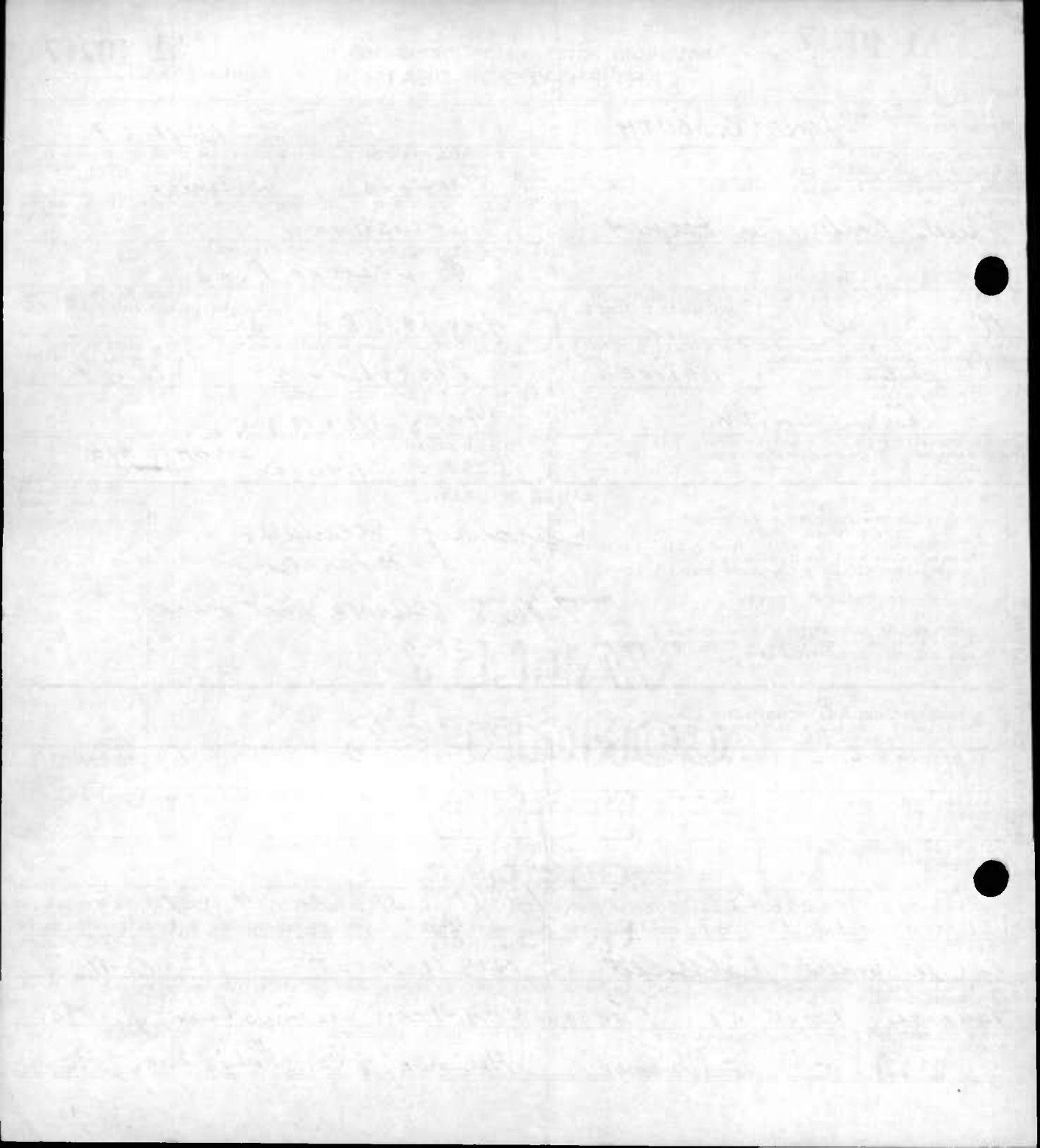
18. 420.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(A) Coronary occlusion & infarction			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Arterio-sclerotic heart disease			
		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12-11 , 1957, to 12-11 , 1957, that I last saw the deceased alive on 12-11 , 1957, and that death occurred at 4:30 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE B. C. D. Quinn		23B. ADDRESS 1213 F1647 ST		23C. DATE SIGNED 12-11-57	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 12-14-51		24C. NAME OF CEMETERY OR CREMATORY PARSONS CEMETERY	
				24D. LOCATION (City, town, or county) (State) Wicomico County, Md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 12 1957		REGISTRAR'S SIGNATURE Wm. H. Williams		25. FUNERAL DIRECTOR ADDRESS Holloway & Co. Salisbury, Md.	

VS 150

93D

MEDICAL CERTIFICATION



540
51 10718BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10718

Registered No. _____

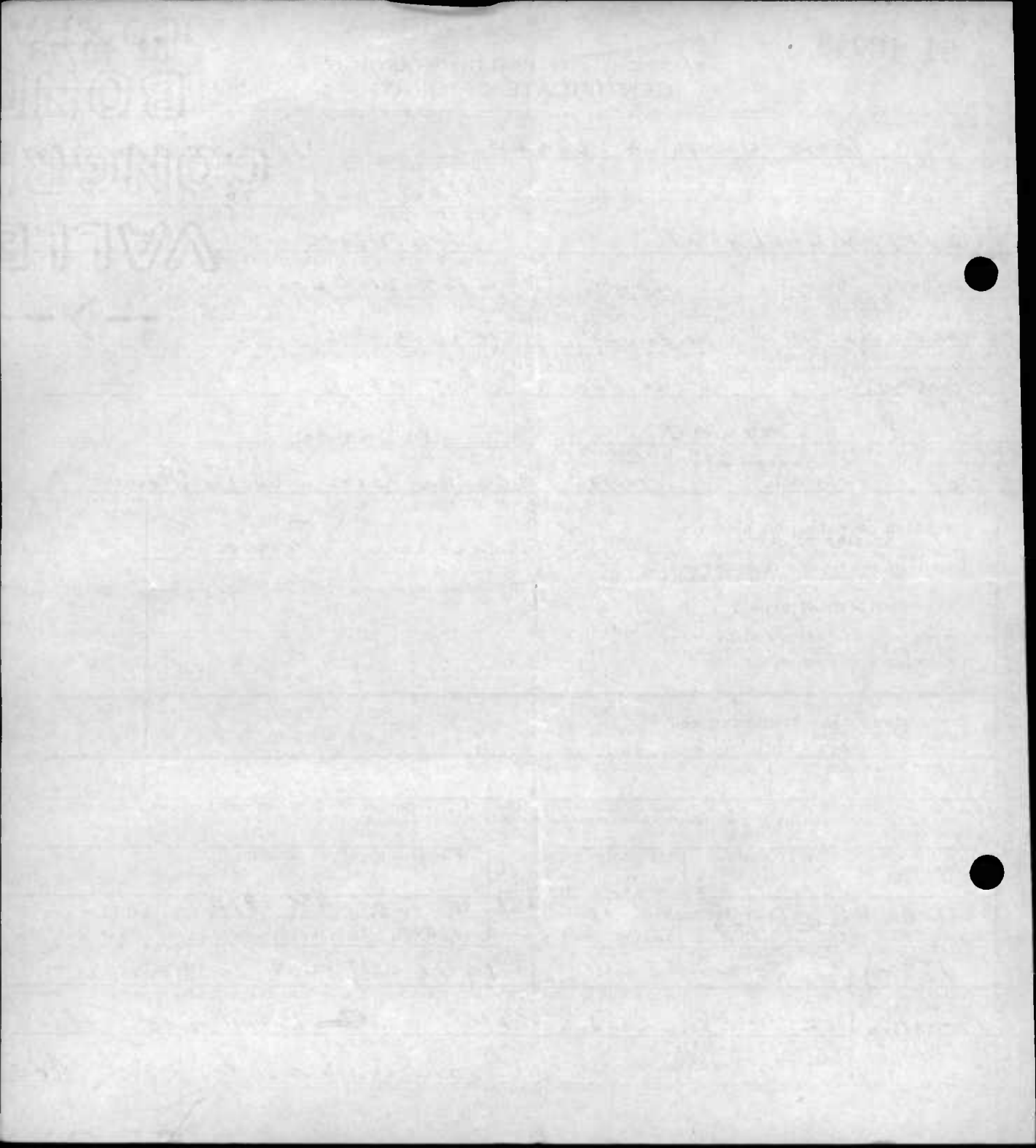
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) MARIE Josephine Doymel		2. DATE OF DEATH December 11, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2107 Wilhelm St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 20-05	
C. Length of stay in Baltimore 40 yrs. Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 2107 Wilhelm St.	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH April 30, 1876
9. AGE (In years last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY Domestic	
11. BIRTHPLACE (State or foreign country) GERMANY		12. CITIZEN OF WHAT COUNTRY? _____	
13. FATHER'S NAME P. Brumme		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT Mrs. Steaus		ADDRESS 2122 Wilhelm Street	

18. 151X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma Stomach DUE TO (A) _____ (B) _____ (C) _____		INTERVAL BETWEEN ONSET AND DEATH 2 y.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from July 1, 1950 to Dec 10/51 , that I last saw the deceased alive on Dec 10/51 , and that death occurred at 1:50 P.M. , from the causes and on the date stated above.				
23A. SIGNATURE Henry C. Hankin M. D.		23B. ADDRESS 1929 W. Mt. La		23C. DATE SIGNED Dec 11/51
24A. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	24B. DATE 12- -51	24C. NAME OF CEMETERY OR CREMATORY London Park	24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
25. FUNERAL DIRECTOR GEO. L. Schwab		ADDRESS 2101 Frederick Ave.		

DATE RECEIVED BY LOCAL REGISTRAR
DEC 12 1951
VS 150
46B



260

51 10719

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10719

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>John Robert Swisher</i>		2. DATE OF DEATH <i>Dec. 11, '95</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Bed. 14214 E.</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY <i>Washington</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Guntersburg</i>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>7100</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>2-11-51</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>44</i>
11. BIRTHPLACE (State or foreign country) <i>Md.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Charles R. Swisher</i>		14. MOTHER'S MAIDEN NAME <i>Sarah Henson</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S NAME <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS	

18. <i>197X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Rhabdomyosarcoma Eyeball.</i>	CAUSE OF DEATH (A) <i>Rhabdomyosarcoma Eyeball.</i> DUE TO (B) <i>E ? Metastases.</i> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *11-5-*, 19*57* to *12-11-*, 19*57*, that I last saw the deceased alive on *12-11-*, 19*57*, and that death occurred at *3:35 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Rev. M. Phillips</i>	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>12-11-51</i>
---	---	-------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Dec 13, 1957</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Rose Hill</i>	24D. LOCATION (City, town, or county) (State) <i>Hagerstown Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 12 1951</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, Jr.</i>	25. FUNERAL DIRECTOR <i>H. W. Hoffman</i>	ADDRESS <i>55 E Hagerstown Md.</i>

This image shows a single sheet of white, lined notebook paper. The paper has horizontal ruling lines spaced evenly down its length. On the right edge, there are two circular binder holes, one near the top and one near the bottom. The paper appears slightly aged or off-white. There is no handwriting or printed text on the page.

520
51 10720BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 10720

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Earl Phoenix

2. DATE
OF
DEATH

12-8-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

2105 Homewood Ave

C. Length of stay in Baltimore

20 yrs

5. SEX

Male

6. COLOR OR RACE

Col

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Gen

13. FATHER'S NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs Geraldine Barry

ADDRESS

2105 HOMEWOOD AVE

18. 331X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral hemorrhage.

15 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Malignant hypertension

6 months

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 9, to 8 Dec, 1951, that I last saw the
deceased alive on 8 Dec, 1951, and that death occurred at 6A. m., from the causes and on the date stated above.

23A. SIGNATURE

G. C. Survell

M. D.

23B. ADDRESS

121 Ainsworth St.

23C. DATE SIGNED

8 Dec 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

12-12-51

24C. NAME OF CEMETERY OR CREMATORY

Int Calvary Cem A. A. Co. Md

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

DEC 12 1951

REGISTRAR'S SIGNATURE

William Williams, M.D.

25. FUNERAL DIRECTOR

Rayner Sanders

ADDRESS

217 E. Preston St 83a

100-101

Line 103

12-10-100

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100-101

100-101

BIRTH NO. 51-23651

1. NAME OF DECEASED (Type or Print) LORRAINE BONNER BARNES		2. DATE OF DEATH November 17, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Mercy Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 3-02	
D. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____		E. STREET ADDRESS (If rural, give location) 1153 E. Lombard Street	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Oct. 12, 1951
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 1
11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Emanuel Barnes		14. MOTHER'S MAIDEN NAME Lucy Boomer	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	

CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Third degree burns of head, neck, and lower extremities	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	---

21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1153 E. Lombard Street
21D. TIME (Month) (Day) (Year) (Hour) Nov. 17, 1951 11:00 A.M.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Burned when oil stove exploded

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William Wood</i>	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED Nov. 18, 1951
---------------------------------------	---	--

24A. BURIAL, CREMATION, REMOVAL (Specify) Crema	24B. DATE 11-29-51	24C. NAME OF CEMETERY OR CREMATORY City Moque	24D. LOCATION (City, town, or county) (State) 700 Fleet St.
DATE RECEIVED BY LOCAL REGISTRAR DEC 12 1951		25. FUNERAL DIRECTOR R. S. Fisher, M.D.	ADDRESS 181

51 10722

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10722
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

109 Kahn

2. DATE
OF
DEATH

DEC 11, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

4217 PIMLICO RD

C. Length of stay in Baltimore

46

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN

BALTO.

(If outside corporate limits, write RURAL and give township)

15-13

D. STREET ADDRESS (If rural, give location)

4217 PIMLICO RD

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

9. AGE (In years,
last birthday)

49

11 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House Work

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

RUSSIA

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

LOUIS SHERR

14. MOTHER'S MAIDEN NAME

LEAH

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

ABE DONOFF - 3210 DOROTHIAN RD

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

(A) CORONARY THROMBOSIS
DUE TO(B) Atherosclerosis & Hypertension
DUE TO(C) Death
DUE TOINTERVAL BETWEEN
ONSET AND DEATHOver 1
?

7.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10:30 to Dec 11, 1951, that I last saw the
deceased alive on Dec 9, 1951, and that death occurred at 9:00 AM, from the causes and on the date stated above.

23A. SIGNATURE

Richard K. Kalman

M. D.

23B. ADDRESS

3700 Park Reg. W. A.

23C. DATE SIGNED

Dec 11 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

12/12/1951

24C. NAME OF CEMETERY OR CREMATORY

MT. CARMEL

24D. LOCATION (City, town, or county)

BALTO.

(State)

MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

L. J. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Jack Lewis Inc - 2100 Gatan PL

VS 150

61

MEDICAL CERTIFICATION

Dr. Holman
3700 Park Heights Ave.

51 10723

51 10723

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Lotta Andrews		2. DATE OF DEATH DEC 10 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Dorchester	
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN Hurlock (If outside corporate limits, write RURAL and give township)	
c. Length of stay in Baltimore 1 wk		D. STREET ADDRESS (If rural, give location) 5900	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 9-8-87
9. AGE (In years last birthday) 64		10. UNDER 1 Year Months: Days	11. UNDER 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shawm		10B. KIND OF BUSINESS OR INDUSTRY None	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Morton Smith		14. MOTHER'S MAIDEN NAME Ella Shaw	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) None		16. SOCIAL SECURITY NO. None	
17. INFORMANT JOHNS HOPKINS HOSPITAL		ADDRESS	

18. 443 x 1	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Hypertensive Cardiovascular Disease		
ANTECEDENT CAUSES	(B) Diarrhea		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 12-7-1951 , to 12-10-1951 , that I last saw the deceased alive on 12-10-1951 , and that death occurred at 2 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE R E Wells		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 12-10-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12-12-51	24C. NAME OF CEMETERY OR CREMATORY Hurlock Cemetery	24D. LOCATION (City, town, or county) (State) Hurlock, Dorchester, Md		
DATE RECEIVED BY LOCAL REGISTRAR DEC 12 1951	REGISTRAR'S SIGNATURE Wm. J. Williams	25. FUNERAL DIRECTOR Edward J. Williams, 2503 Edmondson Ave			

2000 12

2000 12

2000 12

[Faint, illegible text covering the majority of the page, likely bleed-through from the reverse side.]

51 10724

51 10724

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) KIRCHHOFFER, Arnold			2. DATE OF DEATH December 10, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Wisconsin B. COUNTY V-46		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION US PHS Hospital Baltimore 11, Maryland			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Milwaukee		
C. Length of stay in Baltimore Unknown			D. STREET ADDRESS (If rural, give location) 2007 S. Kinickinic Road		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH March 5, 1887	9. AGE (In years last birthday) 64	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seaman		10B. KIND OF BUSINESS OR INDUSTRY Seafaring	11. BIRTHPLACE (State or foreign country) SWITZERLAND		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Peter Kirchhofer			14. MOTHER'S MAIDEN NAME Sofie ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes WW I		16. SOCIAL SECURITY NO. 395-10-6577	17. INFORMANT ADDRESS Records - US PHS Hospital, Balto. 11, Md.		

18. 181X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Transitional cell carcinoma of the bladder.	CAUSE OF DEATH (A) DUE TO	INTERVAL BETWEEN ONSET AND DEATH Approx. 1 year
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Bronchopneumonia	(B) DUE TO	Unknown
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 2	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **October 24, 1951** to **December 10, 1951**, that I last saw the deceased alive on **Dec. 10, 1951** and that death occurred at **10:09 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE John L. Wilson, Med. Director	23B. ADDRESS US PHS Hospital, Balto., 11, Md.	23C. DATE SIGNED
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12-13-51	24C. NAME OF CEMETERY OR CREMATORY St. Peter's	24D. LOCATION (City, town, or county) (State) Baltimore
--	------------------------------	--	---

DATE RECEIVED BY LOCAL REGISTRAR DEC 21 1951	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Howard H. Messing	ADDRESS 2503 Edmondson Dr.
--	---	--	--------------------------------------

WALLEY

CHURCH

1300

1000

1100

1200

1300

1400

1500

1600

1700

1800

1900

2000

2100

2200

51 10725

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10725
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Clayton I. Lemmon Sr.

2. DATE
OF
DEATH

Dec 10-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 428 Evesham Ave

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

428 Evesham Ave

C. Length of stay in Baltimore

48

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec 19-1897

9. AGE (In years
last birthday)

53

If Under 1 Year

Months

If Under 24 Hours

Days

Hours

Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Estimator

10B. KIND OF BUSINESS OR
INDUSTRY

Plumbing

11. BIRTHPLACE (State or foreign country)

Baltimore Co. Md

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

George S. Lemmon

14. MOTHER'S MAIDEN NAME

Annie Griswold

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

1st & 2nd World

16. SOCIAL
SECURITY NO.

217-03-8312

17. INFORMANT

ADDRESS

Mrs Mary O. Lemmon 428 Evesham Ave

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) ...

Coronary Occlusion

1 hr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) ...

Coronary Atherosclerosis

(C) ...

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)
INJURY

22E. INJURY OCCURRED

22F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from Dec. 10, 1951, to Dec 10, 1951, that I last saw the
deceased alive on Dec 10, 1951, and that death occurred at 10:20 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. O.

6007 York Rd

12/11/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Dec-13-1951

Baltimore

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 12 1951

T. Williams, M.D.

B. Gore

2224 N. Charles

VS 150

09924

94a

MEDICAL CERTIFICATION

10-10-1941

10-10-1941

10-10-1941

10-10-1941

10-10-1941

10-10-1941

10-10-1941

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10-10-1941

10-10-1941

51 10726

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10726

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY Elizabeth Wathen

2. DATE
OF
DEATH

Dec. 11 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONHopkins Apts
3100 St Paul St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give

Baltimore 12-02

D. STREET ADDRESS (If rural, give location)

3100 St Paul St

C. Length of stay in Baltimore

50?

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

WIDOW

8. DATE OF BIRTH

Jan 27 1868

9. AGE (In years

83

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of

work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR

INDUSTRY

OWN

11. BIRTHPLACE (State or foreign country)

D.C. Md.

12. CITIZEN OF

WHAT COUNTRY?

USA

13. FATHER'S NAME

Dr. Wm T Revell

14. MOTHER'S MAIDEN NAME

Rhoda Chairs

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Rhoda B Baldwin 200 E 34th St

18.

260X I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH(A) Aneurysm of aorta
DUE TO arteriosclerosis -

5 yrs -

(B) Hypertensive C-V disease
DUE TO Diabetes Mellitus

25 yrs -

(C) Diabetes Mellitus

3 yrs -

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE
AT WORK AT WORK ☐22. I hereby certify that I attended the deceased from _____, 1946, to 12-11, 1951, that I last saw the
deceased alive on 12-11, 1951, and that death occurred at 8 P m., from the causes and on the date stated above.

23A. SIGNATURE

Samuel T. R. Revell Jr. M. D.

23B. ADDRESS

11 E. Chase St.

23C. DATE SIGNED

Dec 11, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Dec 14 1951

Cedar Bluff

Annapolis Md

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 12 1951

Huntington Williams, Md

H. J. Jenkins, Inc Co 4905 York Rd

01-10-78

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

MEMORANDUM FOR THE DIRECTOR

SUBJECT: [Illegible]

[Illegible text block]

[Illegible text block]

[Illegible text block]

[Illegible text block]

51 10727

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10727

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ACKLEY RUEBEN BROWN			2. DATE OF DEATH 12/11/51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MARYLAND B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) UNION MEMORIAL HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 27-48		
C. Length of stay in Baltimore 6 YRS Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 612 HOLLEN ROAD		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	B. DATE OF BIRTH SEPT. 10, 1859	9. AGE (In years last birthday) 92	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STOREKEEPER		10B. KIND OF BUSINESS OR INDUSTRY OWN BUSINESS	11. BIRTHPLACE (State or foreign country) CANADA		12. CITIZEN OF WHAT COUNTRY? CANADA
13. FATHER'S NAME HORACE B. BROWN			14. MOTHER'S MAIDEN NAME CHARLOTTE STOWELL		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT MR. HILLIARD M. BROWN		
			ADDRESS 612 HOLLEN ROAD BALTIMORE MD.		

18. **E-903.01**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
CAUSE OF DEATH
(A) **FRACTURE OF NECK OF RIGHT FEMUR**
DUE TO
INTERVAL BETWEEN ONSET AND DEATH
4 DAYS

ANTECEDENT CAUSES

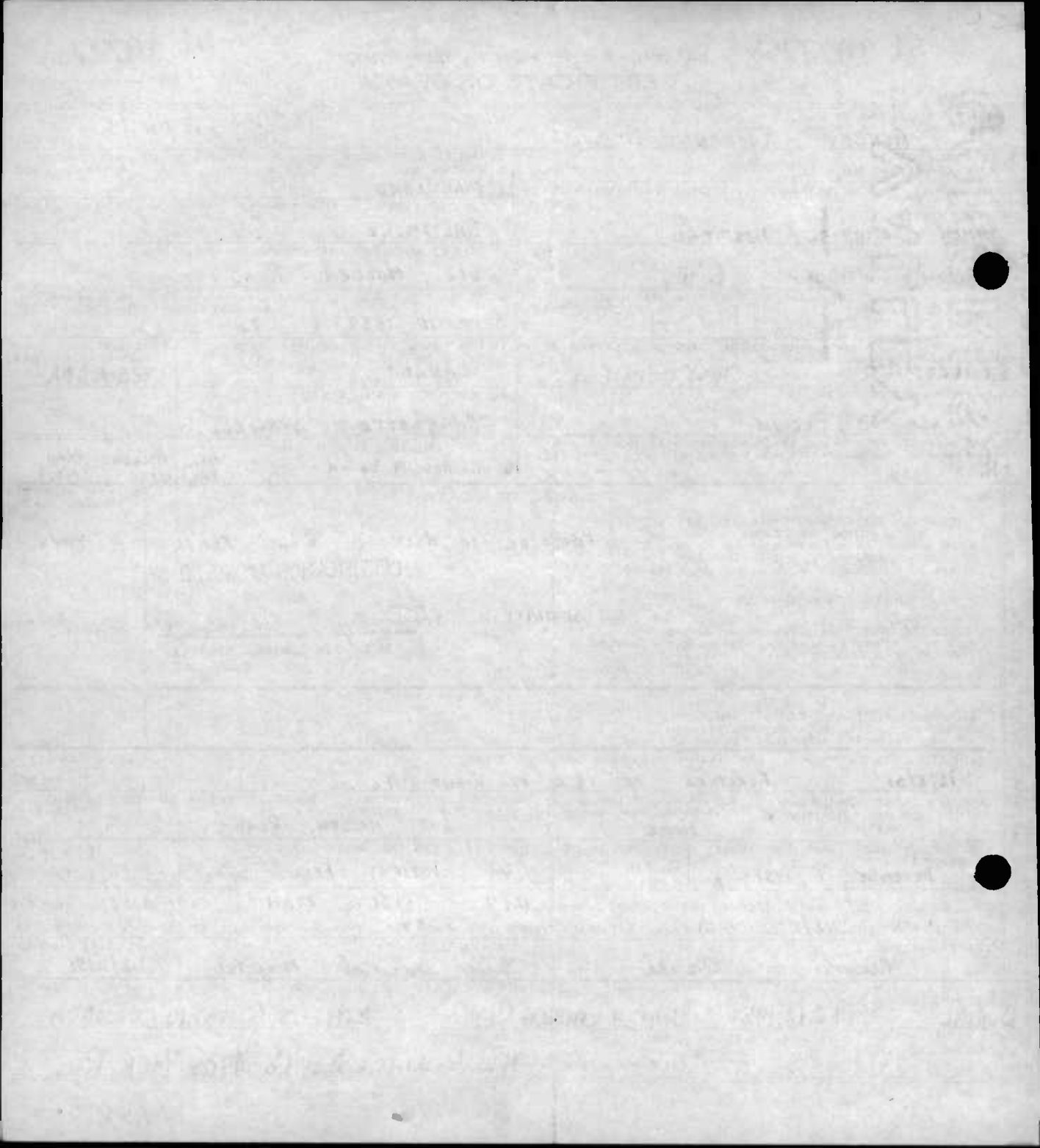
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **SENILITY**
DUE TO
CERTIFICATION APPROVED BY
Stanley H. Dreibach M.D.
CHIEF OR ASST. MEDICAL EXAMINER.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 12/8/51		19B. MAJOR FINDINGS OF OPERATION FRACTURE OF NECK OF RIGHT FEMUR		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input checked="" type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 612 HOLLEN ROAD	
21D. TIME (Month) (Day) (Year) (Hour) INJURY DECEMBER 7, 1951 P.M.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? PATIENT FELL. Slipped and fell to floor.	
22. I hereby certify that I attended the deceased from 12/7 , 19 51 , to 12/11 , 19 51 , that I last saw the deceased alive on 12/11 , 19 51 , and that death occurred at 3:25 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE Claude E. Parish M. D.		23B. ADDRESS Union Memorial Hospital		23C. DATE SIGNED 12/11/51	

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE DEC. 14, 1951	24C. NAME OF CEMETERY OR CREMATORY UNITED CHURCH CEM.	24D. LOCATION (City, town, or county) (State) ATHENS, ONTARIO CANADA
DATE RECEIVED BY LOCAL REGISTRAR DEC 12 1951	REGISTRAR'S SIGNATURE <i>William H. Jenkins</i>	25. FUNERAL DIRECTOR ADDRESS H.W. JENKINS & SONS Co. 4905 YORK RD	



432
51 10728BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10728
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HENRY FREDERICK PAUL SCHULTZ

2. DATE
OF
DEATH

December 10, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

South Baltimore General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

Anne Arundel

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Severn

(Rural)

D. STREET ADDRESS (If rural, give location)

Jackson's Grove Road

5200

Length of stay in Baltimore

D O A

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Dec. 8, 1910

9. AGE (In years
last birthday)

41

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Farmer

10B. KIND OF BUSINESS OR
INDUSTRY

Truck Farm

11. BIRTHPLACE (State or foreign country)

Severn, Md. Rural

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Paul R. Schultz

14. MOTHER'S MAIDEN NAME

Fredericka Roese

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS

Mrs. Arthur Betz; Severn, Md.

18. E 812.41

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Skull fracture

~~DEATH~~

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Subdural hemorrhage

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)
Road21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

Telegraph Road, Odenton, Maryland

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Dec. 10, 1951 12:30 A.m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Pedestrian hit by auto

5200

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Dec. 10, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 13, 1951

24C. NAME OF CEMETERY OR CREMATORY

Glen Haven

24D. LOCATION (City, town, or county)

Glen Burnie, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

Thomas W. Singleton; Glen Burnie, Md.

VS 151

N-803.2

10010

170C ✓

MEDICAL CERTIFICATION

1000

1000

1000

1000



654

GRINNELL

51 10729

51 10729

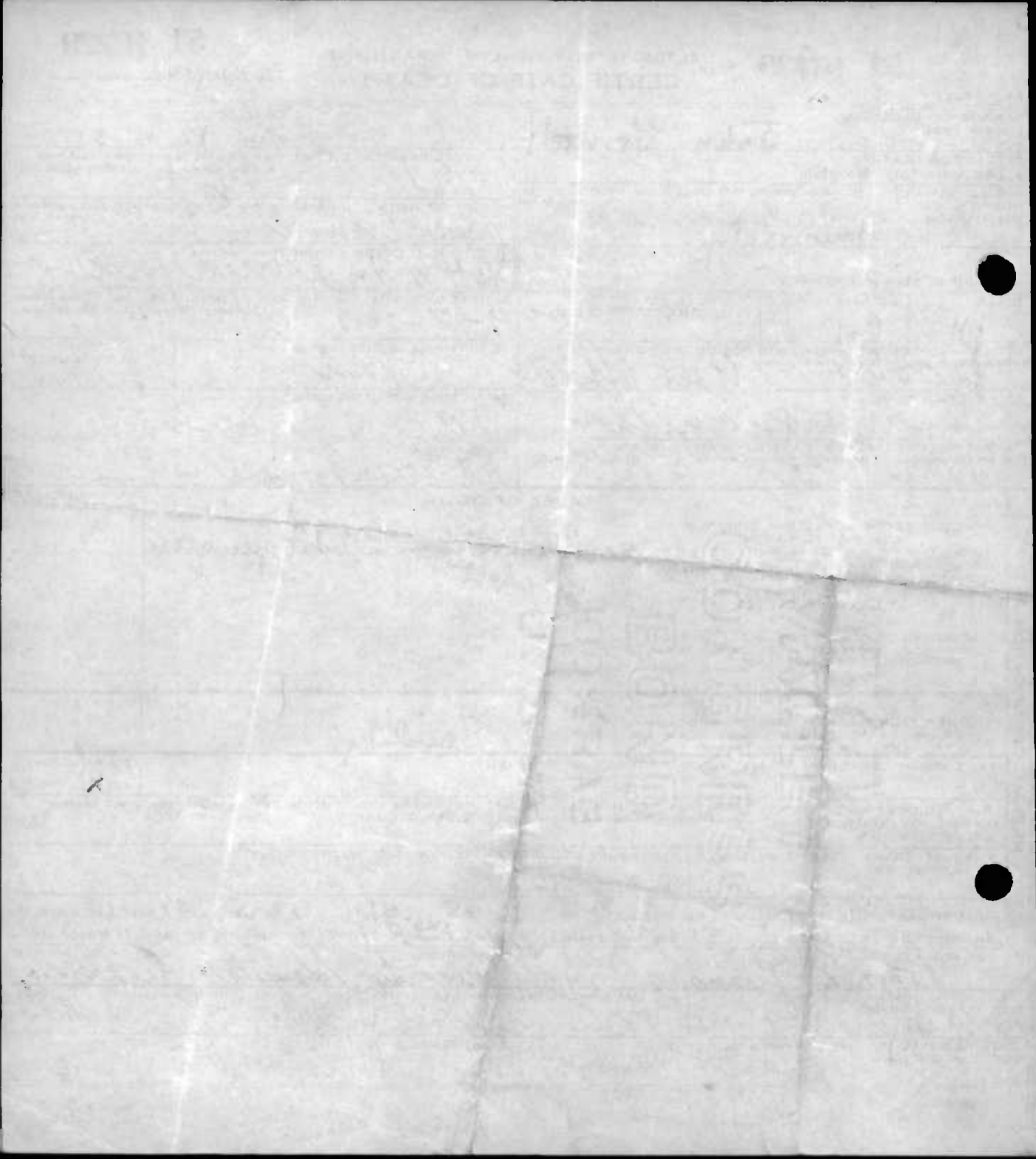
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		John Grinnell		12-5-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY City			
B. FULL NAME OF HOSPITAL OR INSTITUTION University		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 113-03			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 2497- Druid Hill Ave.			
5. SEX M	6. COLOR OR RACE Col	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 7-7-1876	9. AGE (In years last birthday) 73	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Post Office		11. BIRTHPLACE (State or foreign country) Md.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Sandy Grinnell		14. MOTHER'S MAIDEN NAME Mama Horsey	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT Ethel Turner - 11. Dayton St	
18. 4501 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Anterior ischemic - bilateral gangrene feet		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO			
		(B) DUE TO			
		(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Semi-lit					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-25-51, to 12-5-51, that I last saw the deceased alive on 12-5-51, and that death occurred at 7:45 PM., from the causes and on the date stated above.					
23A. SIGNATURE John E. Evans		23B. ADDRESS University Hospital		23C. DATE SIGNED 12-5-51	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 12-12-51		24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary	
24D. LOCATION (City, town, or county) Cedar Hill Md.		24E. STATE Md.		24F. ADDRESS A. J. Salstead - 918 -	
DATE RECEIVED BY LOCAL REGISTRAR DEC 12 1951		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR A. J. Salstead - 918 -	

Druid Hill Ave 97

MEDICAL CERTIFICATION



35 ✓ 51 10730

ND-154654

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10730
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Chas. Banter ✓ (Charles Bantner)			2. DATE OF DEATH Dec. 10, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Essex Baltimore County		
D. STREET ADDRESS (If rural, give location) 23 Yaumeter Drive (20)			5. LENGTH OF STAY IN BALTIMORE ?		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 12, 1897		9. AGE (In years last birthday) 54
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheet Metal			10B. KIND OF BUSINESS OR INDUSTRY Heating		11. BIRTHPLACE (State or foreign country) ? Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.			13. FATHER'S NAME ? John Bantner		
14. MOTHER'S MAIDEN NAME ? Mary ? Lee			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		
16. SOCIAL SECURITY NO. 352-07-3567			17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Avenue		

CAUSE OF DEATH

18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral hemorrhage (A) DUE TO	INTERVAL BETWEEN ONSET AND DEATH 4 hours
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertension (B) DUE TO Arteriosclerosis (C)	6 yrs. years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 12-10 , 19 51 , to 12-10 , 19 51 , that I last saw the deceased alive on 12-10 , 19 51 , and that death occurred at 11:50 am , from the causes and on the date stated above.		
23A. SIGNATURE [Signature]	23B. ADDRESS 4940 Eastern Avenue	23C. DATE SIGNED 12-10-51

24A. BURIAL, CREMATION, REMOVAL (Specify) Removal	24B. DATE Dec. 12, 1951	24C. NAME OF CEMETERY OR CREMATORY Stauder & Hoehn	24D. LOCATION (City, town, or county) (State) Witt, Montgomery, Ill
DATE RECEIVED BY LOCAL REGISTRAR DEC 12 1951	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR ADDRESS Howard K. Mc Comas & Son	

591 24 Abingdon Md 83a

MEDICAL CERTIFICATION

10-11-18

WASH DC 27 OCT 1918

TO THE SECRETARY OF THE ARMY
FROM THE SECRETARY OF THE ARMY
SUBJECT: [Illegible]
[The following text is extremely faint and largely illegible due to fading and bleed-through from the reverse side of the document. It appears to be a memorandum or official communication.]

51 10731

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10731

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGIE

CRANSTON

2. DATE
OF
DEATH

December 8, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

513 N. Bond Street

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov-25-1890

9. AGE (In years
last birthday)

61

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Back Water Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Samuel Wolford

14. MOTHER'S MAIDEN NAME

Aimy F. Fisher

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Ira Johnson 513 N. Bond St

ADDRESS

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive and arteriosclerotic
cardiovascular disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....23C. DATE SIGNED
Dec. 8, 195124A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/12/1951

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Eloego Wilson 1000 Brantly Ave

320

51 10732

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10732

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sarah Deitz

2. DATE
OF
DEATH

December 11, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2443 Callow Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

13-01

D. STREET ADDRESS (If rural, give location)

2443 Callow Ave

C. Length of stay in Baltimore

25 Yrs

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

1876

9. AGE (In years
last birthday)

75

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House Wife

10B. KIND OF BUSINESS OR
INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Hirsch Jashava

14. MOTHER'S MAIDEN NAME

Gittel Israel

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Jacob Deitz 3809 Fordleigh Road

18.

164X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/1 1949 to 12/11/1951, that I last saw the
deceased alive on 12/10/1951, and that death occurred at 8 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Huntington Williams, M.D.

M. D.

23B. ADDRESS

2225 Linden Ave

23C. DATE SIGNED

12/12/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec 12, 1951

24C. NAME OF CEMETERY OR CREMATORY

Enai Israel Cong Cemetery

24D. LOCATION (City, town, or county)

Baltimore Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

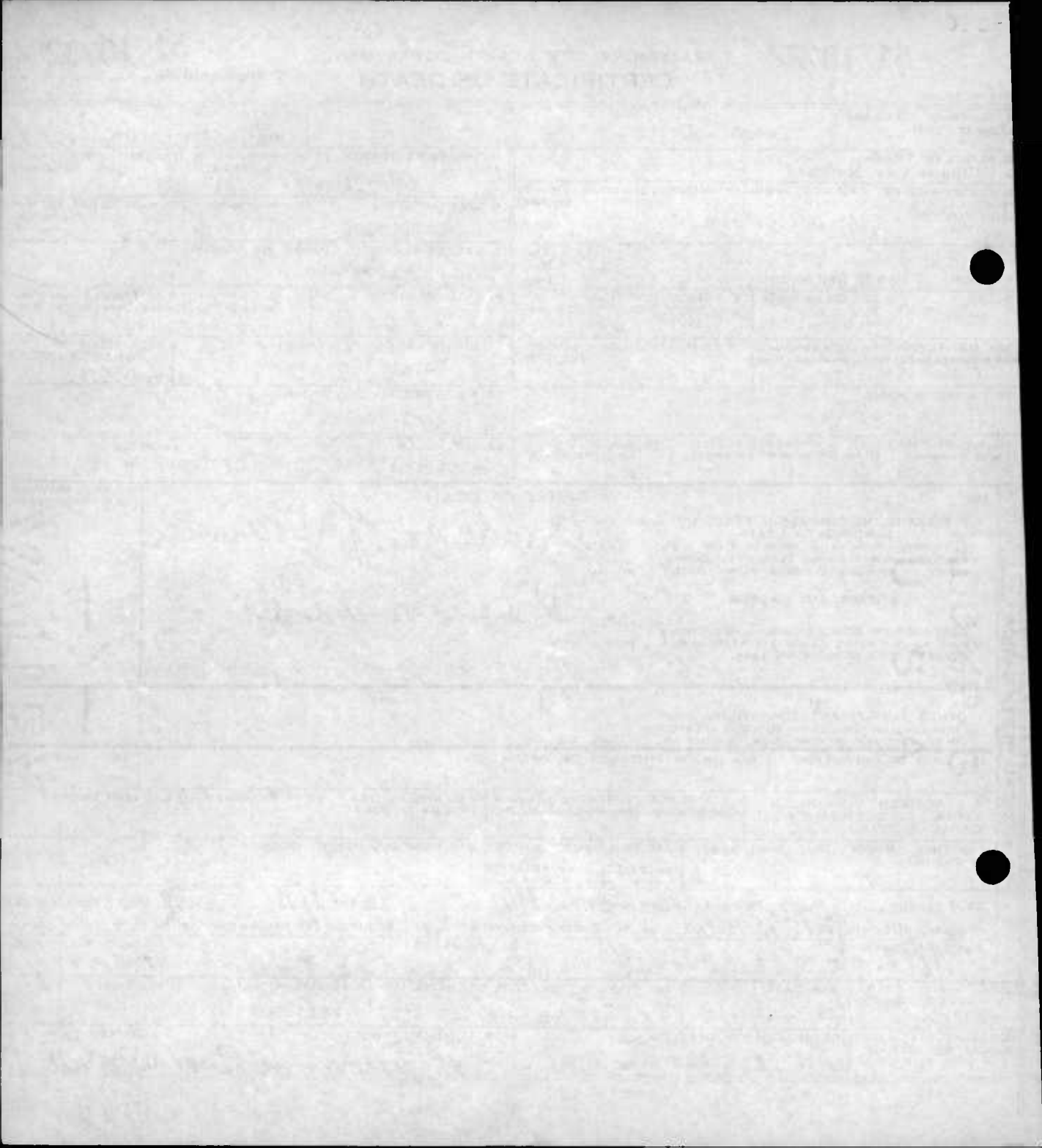
ADDRESS 1126

Sol Lewinsons Bros W North Ave

VS 150

47F

MEDICAL CERTIFICATION



b3 51 10733

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10733
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MAUDE EDWARDS

2. DATE
OF
DEATH

DEC 10, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

SINAI HOSP

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE 14-03

D. STREET ADDRESS (If rural, give location)

1803 McCallum St

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

Aug 19, 1898

9. AGE (In years last birthday)

53

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTH PLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

George Yates

14. MOTHER'S MAIDEN NAME

Mary Allen

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

Mr. Robert Yates McCallum St

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) UREMIA

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) HYPERTENSIVE CARDIOVASCULAR DISEASE

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Dec 3, 1951, to DEC 10, 1951, that I last saw the deceased alive on DEC 10, 1951, and that death occurred at 2A m., from the causes and on the date stated above.

23A. SIGNATURE

Robert Landley M.D.

23B. ADDRESS

Seneca House

23C. DATE SIGNED

DEC 10, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 12 1951

Huntington Williams, M.D.

Mr. Francis C. Kewley, Jr.

VS 150

7208A

937

MEDICAL CERTIFICATION

1891

STREET OF THE

COLLIER

WATER

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51 10734

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10734
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Mr Charles Lembach</u>			2. DATE OF DEATH <u>11 Dec 51</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION <u>Church Home & Hosp. Balt. 31 Md</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore 10-01</u>		
6. Length of stay in Baltimore <u>57</u>			D. STREET ADDRESS (If rural, give location) <u>1021 Forrest St</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>23 Sept 1894</u>		9. AGE (In years last birthday) <u>57</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Porter</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Hospital</u>	11. BIRTHPLACE (State or foreign country) <u>Balt. Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Harry S Lembach</u>			14. MOTHER'S MAIDEN NAME <u>Christine Emerline</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <u>Charles Lembach Same</u>		

CAUSE OF DEATH

18. <u>148X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Squamous Cell Carcinoma of pharynx</u> (A) DUE TO	INTERVAL BETWEEN ONSET AND DEATH <u>6 Mon.</u>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>aspiration Pneumonia</u>	<u>unkn</u>

19A. DATE OF OPERATION <u>✓</u>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>26 Nov 1951</u> , to <u>11 Dec 1951</u> , that I last saw the deceased alive on <u>10 Dec 1951</u> , and that death occurred at <u>8:45 A.M.</u> , from the causes and on the date stated above.		
23A. SIGNATURE <u>Dorene L. Enberg</u>	23B. ADDRESS <u>Church Home & Hosp. Balt.</u>	23C. DATE SIGNED <u>11 Dec 51</u>

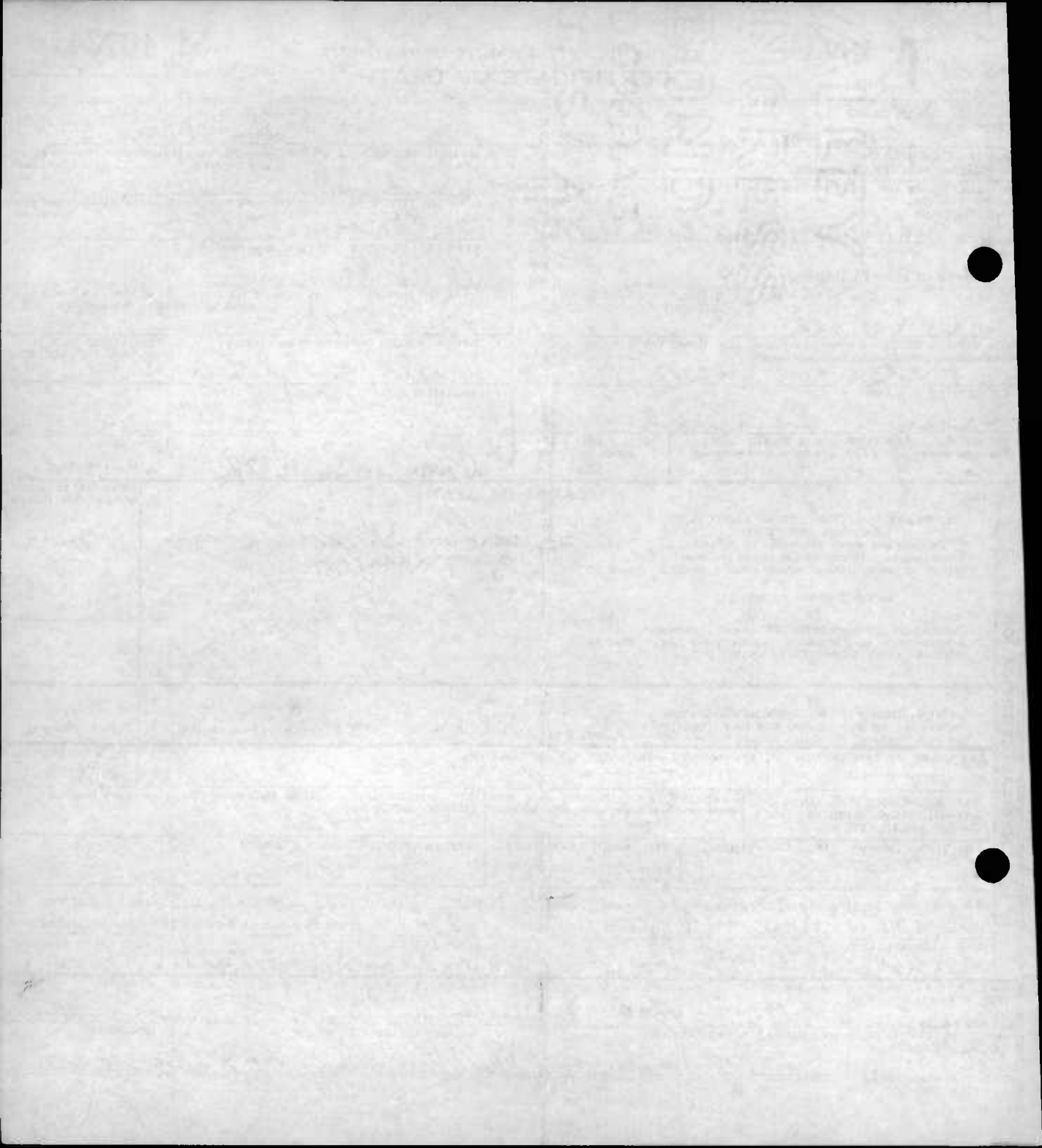
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>12-14-51</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Holy Redeemer Cemetery Baltimore Md</u>	24D. LOCATION (City, town, or county) (State) <u>Baltimore Md</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>DEC 12 1951</u>	REGISTRAR'S SIGNATURE <u>Wm. H. Williams, Jr.</u>	25. FUNERAL DIRECTOR ADDRESS <u>W. Conklin 924 E. Eager St.</u>	

VS 150

780 FT

45F

MEDICAL CERTIFICATION



51 10735

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10735

Registered No. *2*

BIRTH NO.

NAME OF DECEASED
(Type or Print)

CHARLES DUNN

2. DATE
OF
DEATH

DEC 14, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

HAL 5

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

MARYLAND

5. FULL NAME OF (If not in hospital or institution, give street address or

HOSPITAL OR

INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

5-01

D. STREET ADDRESS (If rural, give location)

11 N. HIGH ST.

c. Length of stay in Baltimore

72 Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

6-24-79

9. AGE (In years,

last birthday)

72

10. Under 1 Year

Months

5

11. Under 24 Hours

Days

12

10A. USUAL OCCUPATION (Give kind of

work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR

INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF

WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Peter Dunn

14. MOTHER'S MAIDEN NAME

Catherine M. Kelly

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH141X
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Carcinoma coxal
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Thrombosis
DUE TO(C) Carcinoma of lung
(C) Carcinoma of lung

Immediate

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

12/11/51

19B. MAJOR FINDINGS OF OPERATION

Extensive tumor around ext. cardiac orifice on sept

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-4-1951 to 12-11-1951, that I last saw the
deceased alive on 12-11-1951, and that death occurred at 12:51 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12-14-51

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cemetery Baltimore Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

DEC 12 1951

25. FUNERAL DIRECTOR

ADDRESS

Elmer W. Conklin 924 E. Eager

Examine & report

Monday

Examine & report

Examine & report

51 10736

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10736

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WALTER B. HALL

2. DATE
OF
DEATH

12-10-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1417 Ellamont St.

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give
township)

BALTIMORE 16-07

D. STREET ADDRESS (If rural, give location)

1417 ELLAMONT ST

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

April 7, 1891

9. AGE (In years
last birthday)

60

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

foreman of maintenance Paper Boxes

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Spencer D. Hall

14. MOTHER'S MAIDEN NAME

Mary Broadwater --- 1417 Ellamont St.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Thalia Hall-1417 Ellamont St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Arteriosclerotic Cardio-

DUE TO

Vascular disease

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

H. J. Mc Clafferty

M.D.

23B. CHIEF MEDICAL EXAMINER.....☐
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....☐23C. DATE SIGNED
12-10-5124A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/13/51

24C. NAME OF CEMETERY OR CREMATORY

Balto. National Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

21m. J. Tickner & Sons 937

Balto 17. Md.

1871

460
51 10737CLEAR
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10737
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Adelaide Lee Clear</u>			2. DATE OF DEATH <u>Dec - 11, 1951</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Balto</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Hospital for the Women of Maryland</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <u>Baltimore</u> <u>Milford</u>		
c. Length of stay in Baltimore <u>66</u> Yrs. <u>66</u> Mos. <u>66</u> Days			D. STREET ADDRESS (If rural, give location) <u>3608 Cuyamaca Rd. ERODON, Md.</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 18, 1925</u>	9. AGE (in years last birthday) <u>66</u>	If Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <u>William D. Mcowan (D)</u>			14. MOTHER'S MAIDEN NAME <u>Rosa A. Gage</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT <u>Mrs M. C. Murphy</u> ADDRESS <u>Same</u> (Daughter)		

18. <u>181X</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <u>Urinary Tract Obstruction, & Renal Insufficiency</u> DUE TO (B) <u>Primary Carcinoma of Urinary Bladder</u> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <u>Days</u> <u>1 Yr.</u>
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19A. DATE OF OPERATION <u>2</u>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 14, 1951, to Dec. 11, 1951, that I last saw the deceased alive on Dec. 11, 1951, and that death occurred at 1:45 AM., from the causes and on the date stated above.

23A. SIGNATURE <u>Gene U. Cohen</u>	23B. ADDRESS <u>Hosp. for the Women of Md.</u>	23C. DATE SIGNED <u>Dec. 11, 1951</u>
--	---	--

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>12/14/51</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Druid Ridge Cem.</u>	24D. LOCATION (City, town, or county) (State) <u>Pikesville, Md.</u>
--	------------------------------	---	---

DATE RECEIVED BY LOCAL REGISTRAR <u>DEC 12 1951</u>	REGISTRAR'S SIGNATURE <u>Wm. J. Vickner & Sons</u>	25. FUNERAL DIRECTOR <u>Wm. J. Vickner & Sons</u>	ADDRESS <u>522 Balto. 17 Md.</u>
--	---	--	-------------------------------------

CERTIFICATE OF DEATH

COMPLETED
DATE

524

51 10738

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10738
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPH H. LANGRILL

2. DATE
OF
DEATH

Dec. 10, 1951

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR WINDSOR NURSING HOME
INSTITUTION 3025 Windsor Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Md.
b. COUNTYc. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 13-04

d. STREET ADDRESS (If rural, give location)

2720 Parkwood Ave.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Mar. 16, 1868

9. AGE (in years
last birthday)

83

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
motorman10b. KIND OF BUSINESS OR
INDUSTRY
Street Railway

11. BIRTHPLACE (State or foreign country)

Ireland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Langrill

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) none
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.
no

17. INFORMANT

ADDRESS

Mrs. Amelia E. Langrill-2720 Parkwood Av

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

6 mos.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebro vascular accident

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Atherosclerosis

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 51, 1951, to Dec, 1951, that I last saw the
deceased alive on Nov. 28, 1951, and that death occurred at 7 P. m., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

M. D.

Res. 400 Reby - Balt.

Dec 11, 1951

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24b. DATE

12/13/51

24c. NAME OF CEMETERY OR CREMATORY

Woodlawn Cem.

24d. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 12 1951

T. J. Williams, M.D.

Thos. J. Vickers & Sons

Balt. 17 N. Md.
83a

VS 150

MEDICAL CERTIFICATION

correct age is especially important

WAVELENGTH
OF LIGHT
IN MICRONS

00

51 10739

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10739

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Abey, Norman

2. DATE
OF
DEATH

12/11/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Franklin Square Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

25-04

D. STREET ADDRESS (If rural, give location)

406 Cambria St.

c. Length of stay in Baltimore

50 Years

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

10/12/1901

9. AGE (In years
last birthday)

50

If Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

PAINTER

10B. KIND OF BUSINESS OR
INDUSTRY

DUPLICATE

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Robert George Abey

14. MOTHER'S MAIDEN NAME

Fogler

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

214-03-6893

17. INFORMANT

ADDRESS

Family

Home

18. 162X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Disseminated Metastases
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Poss bronchogenic Ca.
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (a.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-1-1951 to 12-11-1951, that I last saw the
deceased alive on 12-1-1951, and that death occurred at 8:25 a.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

5644R 130 E. FORT AVE. 47C

correct age is especially

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Dr. Miller

51 10741

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10741

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>William A. Bochan Sr</i>		2. DATE OF DEATH <i>Dec 11-1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY			
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <i>2912 Chesley Ave</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 27-07</i>			
6. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>2912 Chesley Avenue</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Mar. 21-1879</i>	9. AGE (in years last birthday) <i>72</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Supt. New Amsterdam Co.</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>INSURANCE</i>		11. BIRTHPLACE (State or foreign country) <i>Germany</i>	
13. FATHER'S NAME <i>2</i>		14. MOTHER'S MAIDEN NAME <i>2</i>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. <i>212-07-0415</i>		17. INFORMANT <i>Mrs. Carrie M. Bochan Chesley</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. <i>212-07-0415</i>		17. INFORMANT <i>Mrs. Carrie M. Bochan Chesley</i>	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>153X</i> <i>carcinoma of sigmoid</i>		CAUSE OF DEATH (A) <i>carcinoma of sigmoid</i> DUE TO		INTERVAL BETWEEN ONSET AND DEATH <i>2 1/2 yrs</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <i>—</i> DUE TO			
(C) <i>—</i>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION <i>Nov 1, 1949</i>		19B. MAJOR FINDINGS OF OPERATION <i>Carcinoma of sigmoid colon</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Aug 23</i> , 19 <i>51</i> , to <i>Dec 11</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>Dec 10</i> , 19 <i>51</i> , and that death occurred at <i>74</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>George Sawyer</i>		23B. ADDRESS <i>4808 Harford Rd.</i>		23C. DATE SIGNED <i>12/12/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>12/14/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Parkwood</i>	
24D. LOCATION (City, town, or county) <i>Balto Md</i>		24E. LOCATION (City, town, or county) (State)			
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 12 1951</i>		REGISTRAR'S SIGNATURE <i>W. J. Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>L. J. Ruck</i>	
VS 150		25. FUNERAL DIRECTOR ADDRESS <i>5305 Harford Rd</i>			

290 73

46E

MEDICAL CERTIFICATION

Dr. Sanger.

160

51 10742

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10742

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary C. Muller

2. DATE
OF
DEATH

Dec. 10-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2915 Gibbons Ave

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-06

D. STREET ADDRESS (If rural, give location)

2915 Gibbons Avenue

8. DATE OF BIRTH

Sept. 6-1882

9. AGE (In years
last birthday)

69

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

New York

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Bernard Reilly

14. MOTHER'S MAIDEN NAME

Catherine Flannery

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, oo or unknown) (If yes, give war nr dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Mr. Laurence Muller - Gibbons

ADDRESS 2915

18. 443x I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Left Ventricular Tachycardia
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Hypertension; Generalized
DUE TO Arteriosclerosis

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., io or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1946, to Dec 10, 1951, that I last saw the
deceased alive on Dec 10, 1951, and that death occurred at 9 A m., from the causes and on the date stated above.

23A. SIGNATURE

Thomas J. Brennan, M.D.

23B. ADDRESS

5217 Harford Rd (14)

23C. DATE SIGNED

12.11.51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/13/51

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

DEC 12 1951

REGISTRAR'S SIGNATURE

L. J. Ruck

25. FUNERAL DIRECTOR

L. J. Ruck

ADDRESS

5305 Harford Rd

Dr. Bremman

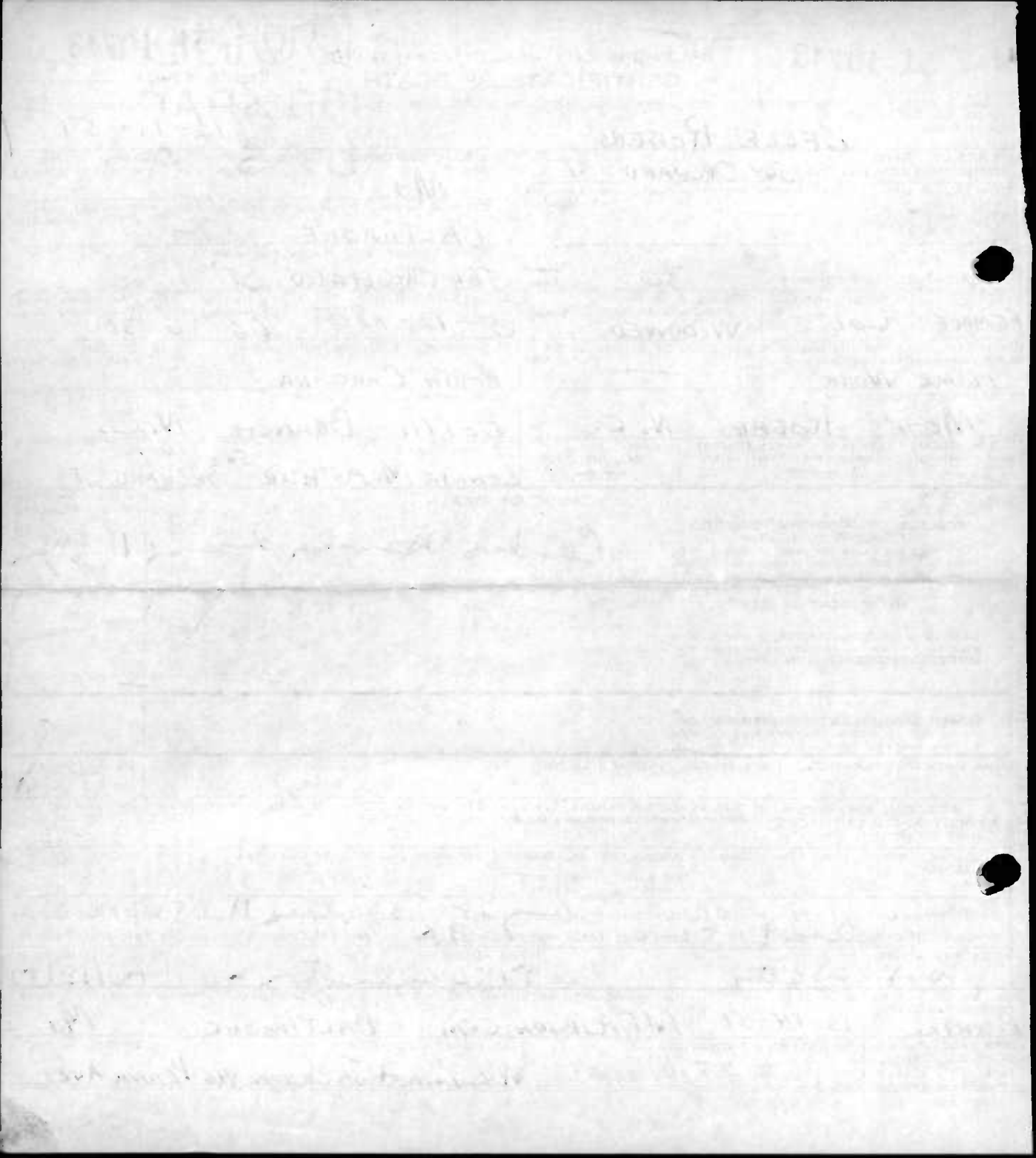
51 10743

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10743

Registered No.

1. NAME OF DECEASED (Type or Print) BELLE ROGERS		2. DATE OF DEATH 12-11-51	
3. PLACE OF DEATH: a. Baltimore City, Maryland 564 ORCHARD ST		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY —	
5. FULL NAME OF HOSPITAL OR INSTITUTION —		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 17-01	
6. Length of stay in Baltimore 30		D. STREET ADDRESS (If rural, give location) 564 ORCHARD ST.	
5. SEX FEMALE	6. COLOR OR RACE COL	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 5-12-1885
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME WORK		10B. KIND OF BUSINESS OR INDUSTRY —	9. AGE (In years last birthday) 66
13. FATHER'S NAME MOSES ROGERS N. C.		11. BIRTHPLACE (State or foreign country) NORTH CAROLINA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) —		14. MOTHER'S MAIDEN NAME BETTIE BRANCH N. C.	
16. SOCIAL SECURITY NO. —		17. INFORMANT 564 ADDRESS LONNIE MCARTHUR ORCHARD ST	
18. 422.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Cardio Vascular disease DUE TO INTERVAL BETWEEN ONSET AND DEATH 1 year			
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. —			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21F. HOW DID INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from Aug 28 , 19 54 to Dec 11 , 19 51 , that I last saw the deceased alive on Dec 9 , 19 51 and that death occurred at 9 A m., from the causes and on the date stated above.			
23A. SIGNATURE W. H. Woot		23B. ADDRESS 5154 G. St.	
23C. DATE SIGNED 12/12/51			
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 12-14-51	24C. NAME OF CEMETERY OR CREMATORY MT. AUBURN CEM	24D. LOCATION (City, town, or county) (State) BALTIMORE MD.
DATE RECEIVED BY LOCAL REGISTRAR DEC 12 1951		25. FUNERAL DIRECTOR WILLIAM A JACKSON 916 PENNA. AVE.	



437 51 10744

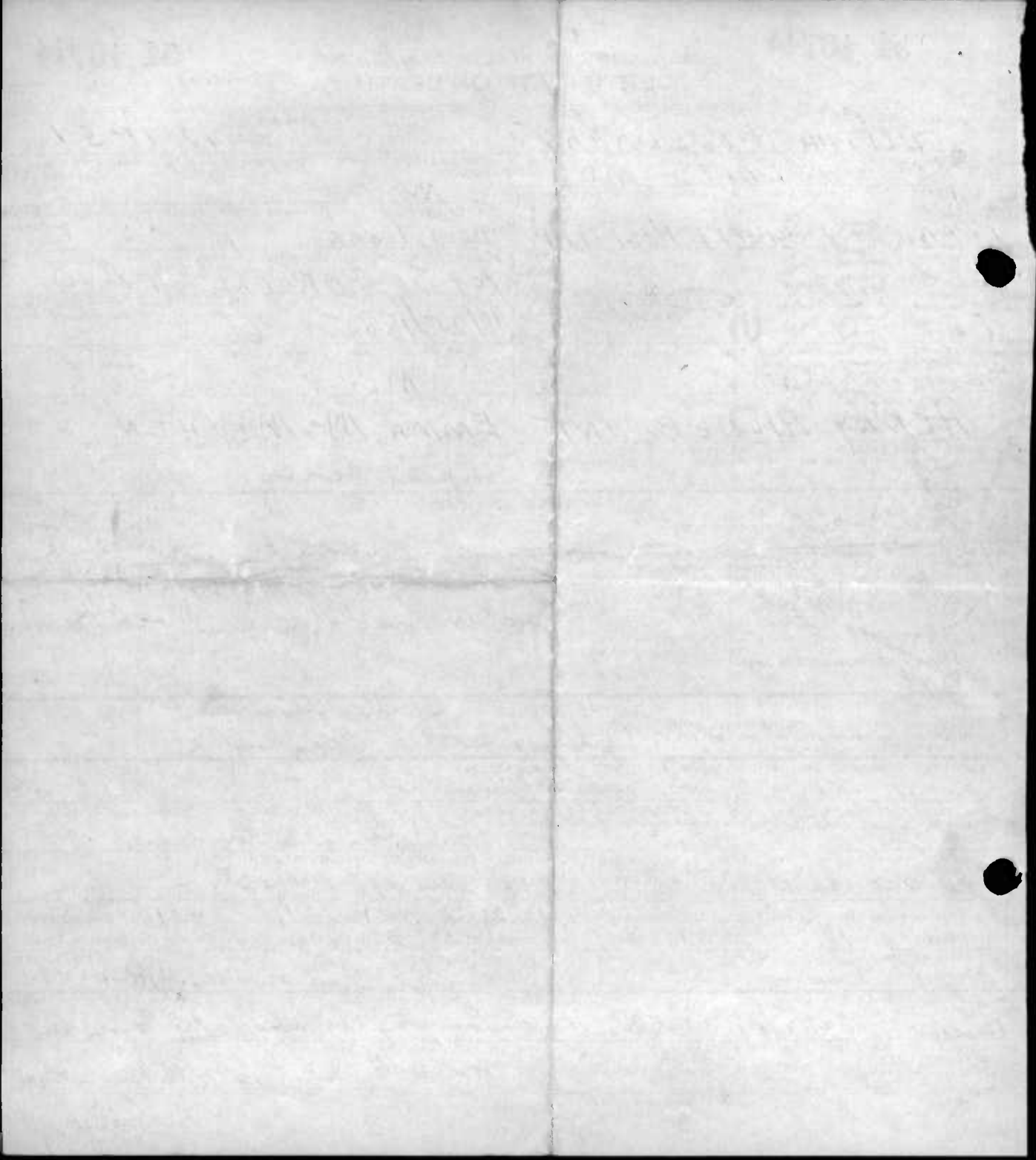
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10744
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) BERTHA HILDEBRANT		2. DATE OF DEATH 12-11-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland BALTO - MD		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MD B. COUNTY BALTO.			
B. FULL NAME OF HOSPITAL OR INSTITUTION FRANKLIN SQUARE HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO. MORE			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 104 50 CARROLLTON AVE			
5. SEX FE	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH 10/25/1885	9. AGE (In years last birthday) 66
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) never employed		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MD	12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME HENRY HILDEBRANT		14. MOTHER'S MAIDEN NAME EMMA McMECHEN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.			
		17. INFORMANT ADDRESS Hospital Records			
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) BRONCHOPNEUMONIA		CAUSE OF DEATH (A) BRONCHOPNEUMONIA DUE TO left (B) fracture neck femur DUE TO left (C) Cardiomyopathy Arteriosclerotic disease		INTERVAL BETWEEN ONSET AND DEATH 2 wks 2 1/2 months	
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 10-30-51		19B. MAJOR FINDINGS OF OPERATION Fract. neck of femur left		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Balto + Carrollton Ave 18-3	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY OCT 25 1951 4:40 P.M.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? fell off curb stone	
22. I hereby certify that I attended the deceased from 10-25 , 19 51 to 12-11 , 19 51 , that I last saw the deceased alive on 12-11 , 19 51 and that death occurred at 5:10 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE Emil Barlow		23B. ADDRESS M. D. Franklin Sq. Hosp.		23C. DATE SIGNED 12-11-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/13/51		24C. NAME OF CEMETERY OR CREMATORY Glenn Haven Cemetery	
24D. LOCATION (City, town, or county) (State) Anne Arundel County, Md.		25. FUNERAL DIRECTOR ADDRESS Wm. Cook, Inc., 1217 St. Paul Street			
DATE RECEIVED BY LOCAL REGISTRAR DEC 21 1951		REGISTRAR'S SIGNATURE Wilmington Williams, M.D.			

VS 150

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51 10745

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10745
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Theodore Angeles

2. DATE
OF
DEATH

12-10-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION U.S. PHS Hospital

Baltimore 11, Maryland

C. Length of stay in Baltimore

Unknown

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

521 N. Mount Street

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 10, 1905

9. AGE (In years last birthday)

46

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Manufacturing

11. BIRTHPLACE (State or foreign country)

Phillipine Islands

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Effie Angeles

14. MOTHER'S MAIDEN NAME

Regora Mendoza

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, no or unknown) (If yes, give war or dates of service)

Yes

WW - 2

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Records, USPHS Hospital, Balto., Md.

18.

148X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma, squamous, of pharynx with widespread metastases.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Postoperative state, chordotomy

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

1 day

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 6, 1951, to Dec. 10, 1951, that I last saw the deceased alive on Dec. 10, 1951, and that death occurred at 7:59 p.m., from the causes and on the date stated above.

23A. SIGNATURE

John L. Wilson

23B. ADDRESS

23C. DATE SIGNED

John L. Wilson, Med. Dir., Clinical Director USPHS Hospital, Balto., Md. 12-11-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12.13.51

24C. NAME OF CEMETERY OR CREMATORY

Arbutus

24D. LOCATION (City, town, or county) (State)

Arbutus, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Geo. G. Kelson 1303 Presstman St.

9704Y Geo. G. Kelson

RECEIVED

OFFICE OF THE ATTORNEY GENERAL

STATE OF NEW YORK

IN SENATE

JANUARY 1, 1900

REPORT OF THE

COMMISSIONER OF THE LAND OFFICE

FOR THE YEAR 1899

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ANDREW D. DODD, PRINTER

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51 10746

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10746

Registered No.

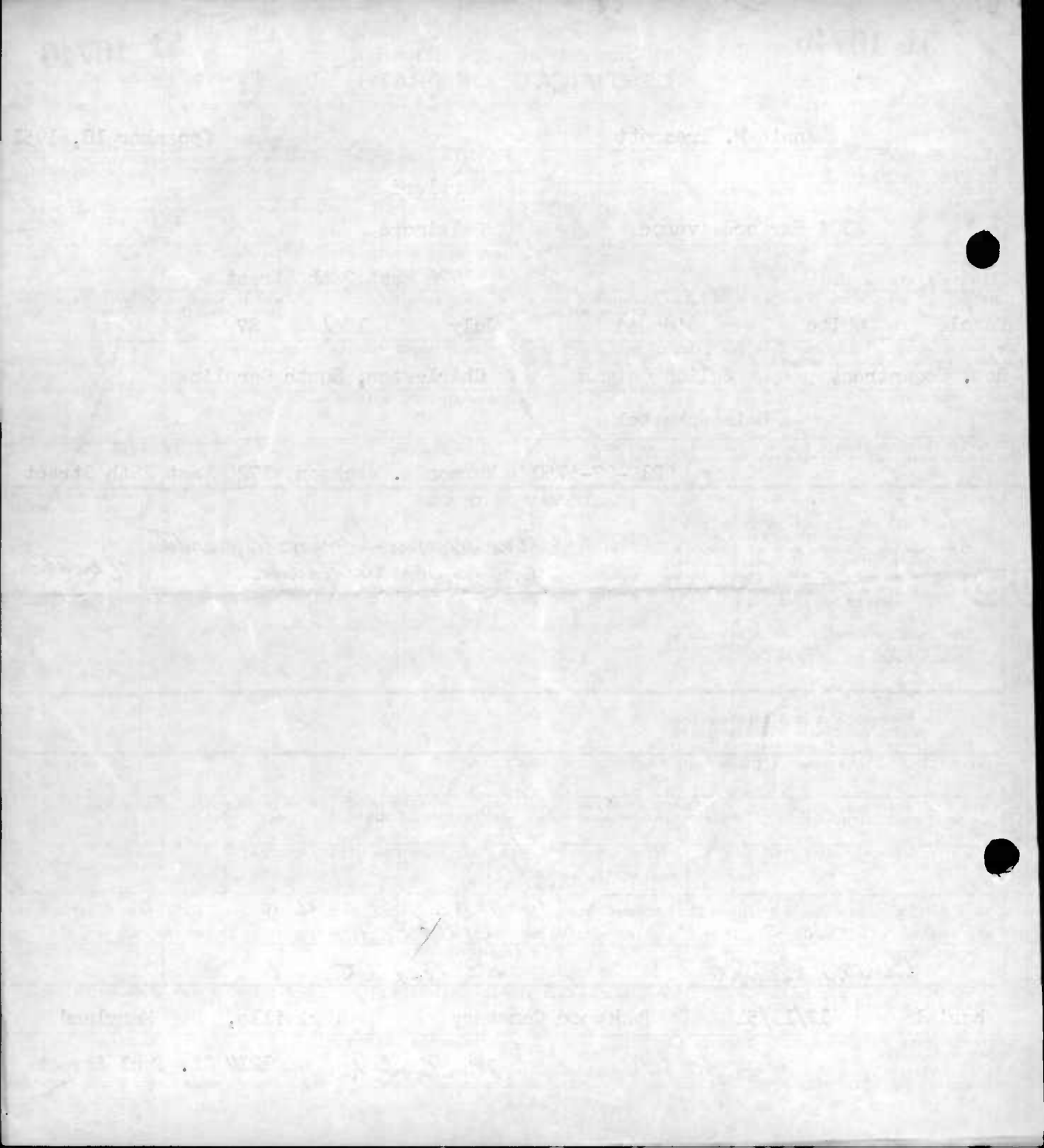
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Annie M. Prescott			2. DATE OF DEATH December 10, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 4702 Harford Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1726 East 28th Street		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH July 1864		9. AGE (in years last birthday) 87
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Seamstress		10B. KIND OF BUSINESS OR INDUSTRY Julius Gutman	11. BIRTHPLACE (State or foreign country) Charleston, South Carolina		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Heissenbuttel			14. MOTHER'S MAIDEN NAME ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. 219-07-5750	17. INFORMANT ADDRESS Vernon A. Jackson, 1726 East 28th Street		

18. 4221 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Anterior Scarring - Chronic Myocarditis with myocardial failure		INTERVAL BETWEEN ONSET AND DEATH 8 months
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) _____ (B) _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April 10 , 19 51 , to Dec 10 , 19 51 , that I last saw the deceased alive on Dec 5 , 19 51 , and that death occurred at 10:25 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE C. L. L. L.		23B. ADDRESS 6 E. Read St.		23C. DATE SIGNED	

24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 12/13/51	24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery	24D. LOCATION (City, town, or county) (State) Parkville, Maryland
DATE RECEIVED BY LOCAL REGISTRAR DEC 12 1951	REGISTRAR'S SIGNATURE Wm. Cook, Inc.	25. FUNERAL DIRECTOR Wm. Cook, Inc.	ADDRESS 1217 St; Paul Street



260

51 10747

BALTIMORE CITY HEALTH DEPARTMENT

51 10747

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 51-29650		2. DATE OF DEATH 12/10/1957	
1. NAME OF DECEASED (Type or Print) Baby Boy Buscher			
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Md.-		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore.	
B. FULL NAME OF HOSPITAL OR INSTITUTION Sinai Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore.- 14-01	
D. STREET ADDRESS (If rural, give location) 1405 Park Ave			
5. SEX male		6. COLOR OR RACE white	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH 12/10/57	
9. AGE (In years last birthday) 4 days		10. UNDER 1 Year Months: Days: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Baltimore Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Donald Buscher.-		14. MOTHER'S MAIDEN NAME Lowise Snider	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT Nathan Visikin MD		ADDRESS Sinai Hospital.	

1B. 76001		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Intracranial Hemorrhage		4 days	
DUE TO					
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
		(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12/10, 1957, to 12/10, 1957, that I last saw the deceased alive on 12/10, 1957, and that death occurred at 9:40 P.m., from the causes and on the date stated above.					
23A. SIGNATURE Nathan Visikin		23B. ADDRESS Sinai Hospital		23C. DATE SIGNED 12/10/57	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/12/51		24C. NAME OF CEMETERY OR CREMATORY Prospect Hill	
24D. LOCATION (City, town, or county) Towson Md.		24E. FUNERAL DIRECTOR Wm. Cook Inc. 1217 St. Paul St		24F. ADDRESS	

-416
51 10748BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10748

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Reice Oliver</i>		2. DATE OF DEATH <i>December 10, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
D. STREET ADDRESS (If rural, give location) <i>132 N. Madeira St. 6-03</i>		E. LENGTH OF STAY IN BALTIMORE <i>12 yrs.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE/MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>10-15-38</i>
9. AGE (In years last birthday) <i>13</i>		10. UNDER 1 YEAR MONTHS: DAYS: UNDER 24 HOURS: MIN.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>School Girl</i>		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>Na.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>James Oliver</i>		14. MOTHER'S MAIDEN NAME <i>Helen Davis</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS	

18. <i>401.2</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cardiac failure</i>	CAUSE OF DEATH (A) <i>Cardiac failure</i>	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Phenomatic myocarditis, chronic to acute episode</i>	(B) <i>Phenomatic myocarditis, chronic to acute episode</i>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>none</i>	(C) <i>none</i>	

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <i>no</i>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *10-29*, 19*51*, to *12-10*, 19*51*, that I last saw the deceased alive on *12-10*, 19*51*, and that death occurred at *5:35 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>J. H. Kaiser</i>	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>12/11/51</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Dec 14/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Calvary Cem.</i>	24D. LOCATION (City, town, or county) <i>A.A. County Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 12 1951</i>	REGISTRAR'S SIGNATURE <i>Thurston Williams</i>	25. FUNERAL DIRECTOR <i>Mrs. P.H. A. Elliott's Daughter</i>	ADDRESS <i>58c 11297 Caroline ST</i>

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526
51 10749BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10749
Registered No.

BIRTH NO.		
1. NAME OF DECEASED (Type or Print) FRANK BAUMGARTNER		2. DATE OF DEATH December 12, 1951
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Harford
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Aberdeen Proving Grounds
Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 6200
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CORPORAL	10B. KIND OF BUSINESS OR INDUSTRY U. S. ARMY	8. DATE OF BIRTH
13. FATHER'S NAME		9. AGE (In years last birthday) 25 If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		11. BIRTHPLACE (State or foreign country)
16. SOCIAL SECURITY NO.		12. CITIZEN OF WHAT COUNTRY?
17. INFORMANT		14. MOTHER'S MAIDEN NAME
17. ADDRESS		

18. **E 816.1** CAUSE OF DEATH
INTERVAL BETWEEN ONSET AND DEATHDISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Skull fracture**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?
YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Highway	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Baltimore County Pulaski Highway near Ebenezer Road 5200
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Dec. 12, 1951 5:10 A. m.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? tractor trailer Driver of auto which ran into rear of

22. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.23A. SIGNATURE **William Woodward** 23B. CHIEF MEDICAL EXAMINER..... ☒ 23C. DATE SIGNED **Dec. 12, 1951**
M.D. ASSISTANT MEDICAL EXAMINER..... ☐ MEDICAL INVESTIGATOR..... ☐

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12/17/51	24C. NAME OF CEMETERY OR CREMATORY Huntington Williams	24D. LOCATION (City, town, or county) (State) Columbus, Ohio
DATE RECEIVED BY LOCAL REGISTRAR DEC 12 1951		25. FUNERAL DIRECTOR Woodyard Funeral Home-Columbus, Ohio	ADDRESS

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it's all right
c

260
51 10750

51 10750

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JEANNE P. HAGER.

2. DATE
OF
DEATH

12/11/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

806 Venable Ave.

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

Female.

6. COLOR OR RACE

White.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None.

10B. KIND OF BUSINESS OR INDUSTRY

—

13. FATHER'S NAME

Ragnar N. Hager.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto

D. STREET ADDRESS (If rural, give location)

806 Venable Ave.

7-03

8. DATE OF BIRTH

April 21, 1932

9. AGE (In years last birthday)

19

11 Under 1 Year Months: Days

11 Under 24 Hours Hours Min.

11. BIRTHPLACE (State or foreign country)

Jamestown N. Y.

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Sigrid C. Jackson.

17. INFORMANT

ADDRESS

Ragnar N. Hager. 806 Venable Ave.

18. 260 X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A) DUE TO

(B) DUE TO

(C) DUE TO

CAUSE OF DEATH

Diabetes Mellitus

Acute nephritis

Hypertension

Cong. Heart Failure

INTERVAL BETWEEN ONSET AND DEATH

16 years

6 mos.

6 mos.

1 day

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1944 to Dec 11, 1951 that I last saw the deceased alive on Dec 11, 1951 and that death occurred at 11:25 p.m. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Leonard Wallerstein, M. D.

848 W 36 St

12/12/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

12/14/51

Woodlawn

Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 12 1951

Luther J. Williams, Jr.

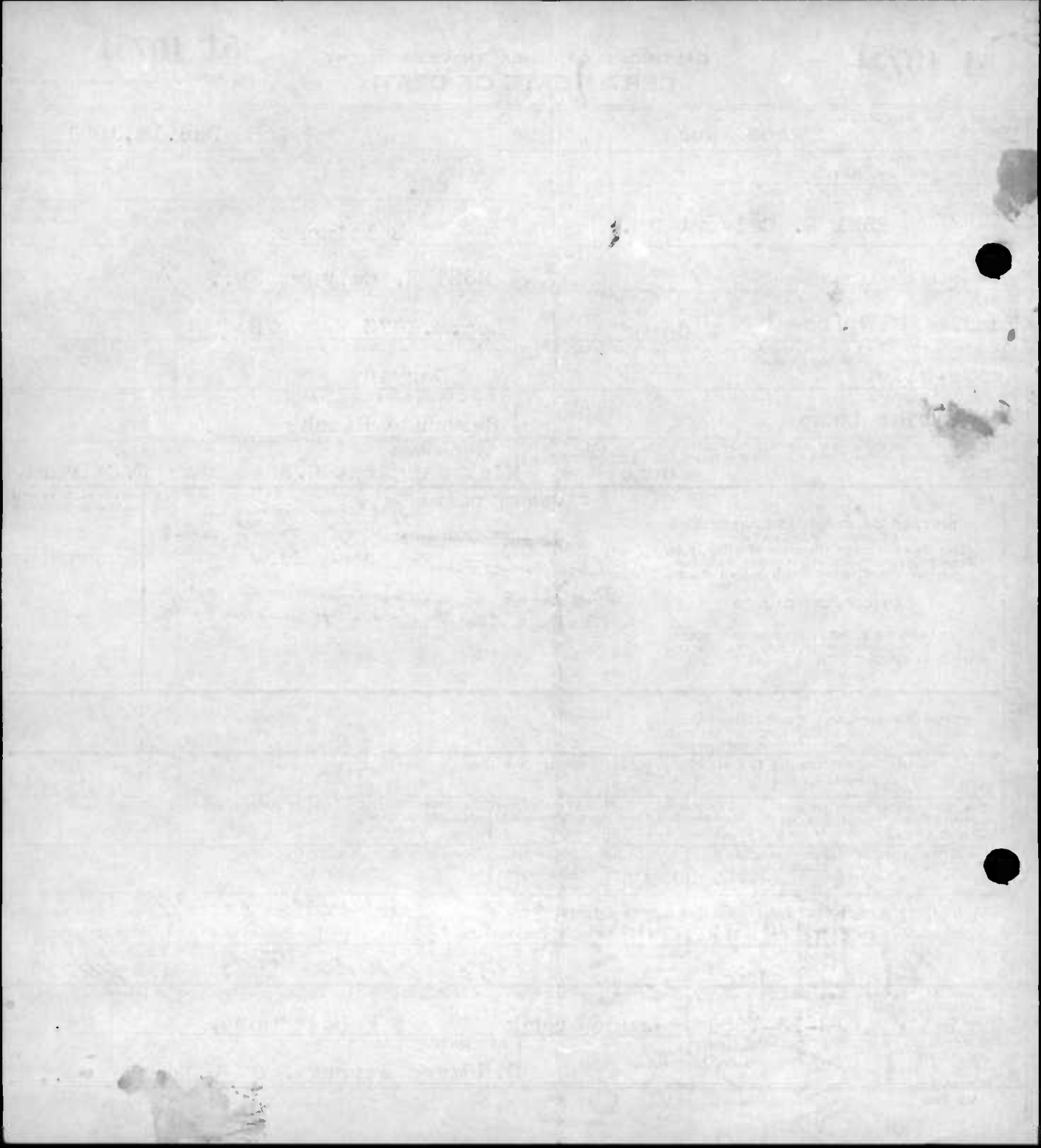
Paul C. Schenck, Jr. 365-11 Chestnut Ave.

[Faint, illegible handwriting throughout the page, possibly bleed-through from the reverse side.]

-200
51 10751BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10751
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Anna Nuss			2. DATE OF DEATH Dec. 10, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2521 N. Calvert St.,			6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-03		
7. LENGTH OF STAY IN BALTIMORE 65 - Yrs. Mos. Days			8. STREET ADDRESS (If rural, give location) 2521 N. Calvert St.,		
9. SEX Female	10. COLOR OR RACE White	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	12. DATE OF BIRTH Dec. 2, 1873		13. AGE (in years last birthday) 78
14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife			15. BIRTHPLACE (State or foreign country) Germany		16. CITIZEN OF WHAT COUNTRY?
17. FATHER'S NAME Christian Lang			18. MOTHER'S MAIDEN NAME Gertrude Hieche		
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no			20. SOCIAL SECURITY NO. none		
21. INFORMANT Miss Margaret G. Nuss			22. ADDRESS 2521 N. Calvert		
18. 4221 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Pulmonary Sept 1950 DUE TO Atherosclerosis C.V. Disease & Arrhythmia Fibrillation & Semibility INTERVAL BETWEEN ONSET AND DEATH					
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept 18, 1950, to Dec 10, 1951, that I last saw the deceased alive on Dec 10, 1951, and that death occurred at 5:35 p.m., from the causes and on the date stated above.					
23A. SIGNATURE M. M. M. M.		23B. ADDRESS M. D. 3033 W. North Ave.		23C. DATE SIGNED 12/15/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12-13-1951		24C. NAME OF CEMETERY OR CREMATORY Loudon Park	
24D. LOCATION (City, town, or county) Baltimore,		24E. STATE Md.		25. FUNERAL DIRECTOR G. Howard Strong	
24F. DATE RECEIVED BY LOCAL REGISTRAR DEC 12 1951		24G. REGISTRAR'S SIGNATURE Huntington Williams, Jr.		24H. ADDRESS 3207 W. North Ave.,	



5-510

51 10752

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10752

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MINNIE SENF

2. DATE
OF
DEATH

Dec. 10, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

4203 Arizona Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

4203 Arizona Avenue

26-01

5. SEX
F6. COLOR OR RACE
W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

June 19, 1879

9. AGE (In years
last birthday)
72If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?
USA

13. FATHER'S NAME

George Bitter

14. MOTHER'S MAIDEN NAME

Catherine ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.
none17. INFORMANT 4203 Arizona Avenue
Mr. Frederick Senf

18. 443 x 1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Hypertensive Cardiovascular
DiseaseINTERVAL BETWEEN
ONSET AND DEATH

5 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE, (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Generalized arteriosclerosis many years

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 1949, to Dec 10, 1951, that I last saw the
deceased alive on Dec 10, 1951, and that death occurred at 11 p. m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

12/14/51

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

DEC 12 1951

Wm. J. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

HENRY SANDER & SONS, INC.
BALTO., 13, MD.

VS 150

937

MEDICAL CERTIFICATION

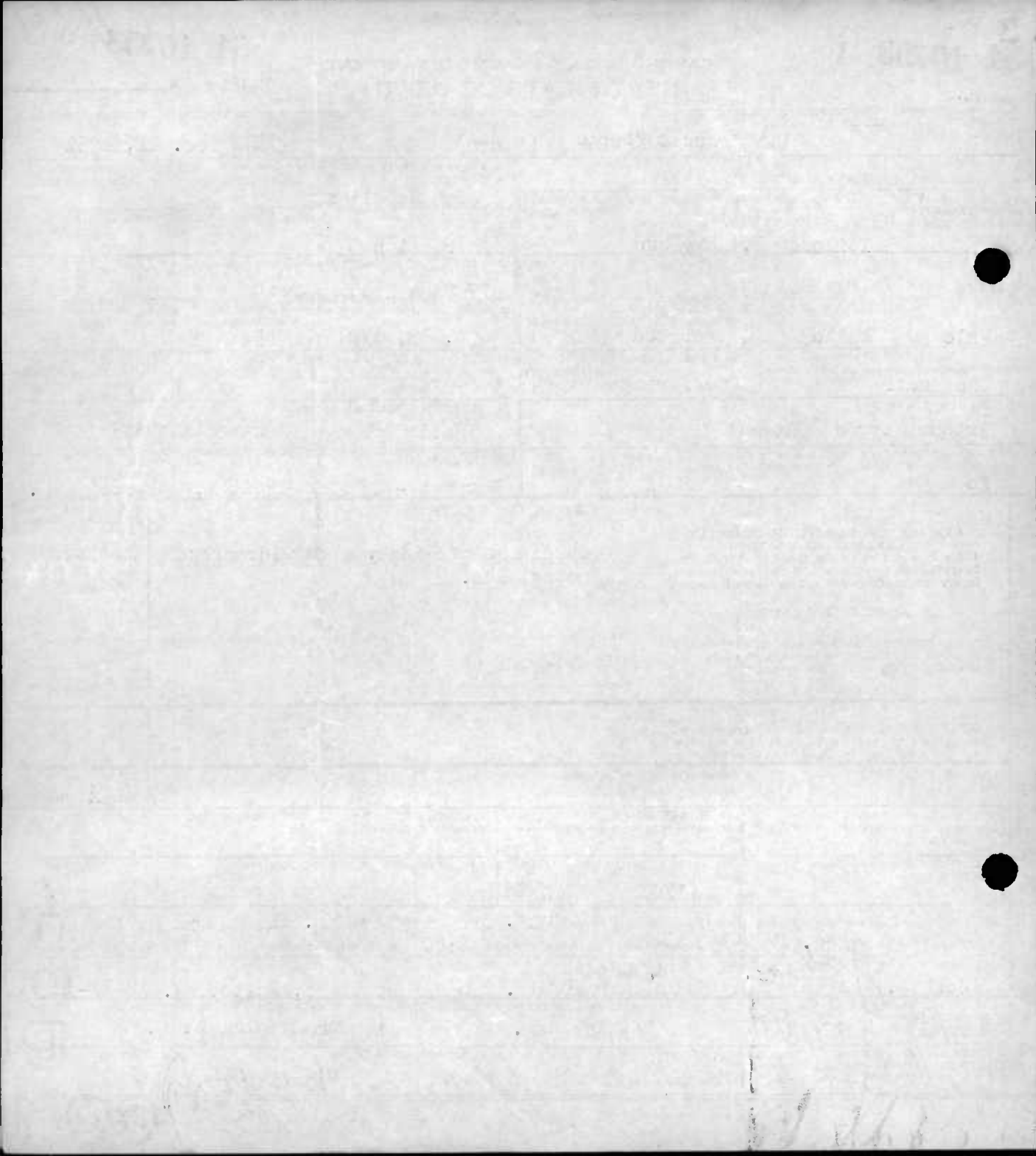
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365
51 10753BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH* 51 10753
Registered No. _____

BIRTH NO.		2. DATE OF DEATH	
1. NAME OF DECEASED (Type or Print)		Dec. 11, 1951	
Hal Francis Sterne (Stern)			
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF HOSPITAL OR INSTITUTION		A. STATE	
US PHS Hospital		South Carolina	
Baltimore 11, Maryland		B. COUNTY	
C. Length of stay in Baltimore		C. CITY OR TOWN	
70 Yrs. Mos. Days		Charleston	
5. SEX		D. STREET ADDRESS (If rural, give location)	
Male		77 Sans Souci Street	
6. COLOR OR RACE		8. DATE OF BIRTH	
White		Sept. 19, 1907	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		9. AGE (In years last birthday)	
Married		44	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country)	
Engineer		Georgia	
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
Seafaring		USA	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Arthur Sterne (Stern)		Macie Cohen (Margaret Cohen)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
No		17. INFORMANT	
		Records - US PHS Hospital, Balto. 11, Md.	
18. 180X		CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		INTERVAL BETWEEN ONSET AND DEATH	
(A) Carcinoma of kidney with widespread metastases.		Unknown	
DUE TO			
19. ANTECEDENT CAUSES			
(B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
DUE TO			
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY?			
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Oct. 3, 1951, to Dec. 11, 1951, that I last saw the deceased alive on Dec. 11, 1951, and that death occurred at 7:40 P. M., from the causes and on the date stated above.			
23A. SIGNATURE		23B. ADDRESS	
John L. Wilson, Med. Dir., Clinical Dir.		US PHS Hospital, Balto. Md.	
23C. DATE SIGNED			
12-11-51			
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
Removal		12/12/51	
24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
Bethany Cem.		Charleston, S. C.	
DATE RECEIVED BY LOCAL REGISTRAR		25. FUNERAL DIRECTOR	
DEC 12 1951		26m. J. Sickner & Sons	
REGISTRAR'S SIGNATURE		ADDRESS	
[Signature]		240 55 Balto 17, Md 52a	



346

51 10754

To be approved by Chief Medical Examiner.
CERTIFICATE CORRECTED

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

51 10754

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John P. Wittler

2. DATE
OF
DEATH

12/11/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION
Mercy4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

8-06

D. STREET ADDRESS (If rural, give location)

1623 N. Broadway #13

c. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE ☒ MARRIED
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

July 10, 1870

9. AGE (In years,
last birthday)

81

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Printer Merchant

10B. KIND OF BUSINESS OR
INDUSTRY

Printing Poultry

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Henry Wittler

14. MOTHER'S MAIDEN NAME

Wilhelmina Heise

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT 1623 N. Broadway, DOR 13
Mrs Emma C. Wittler

18. 450.0 and E 9030 CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Septicemia

INTERVAL BETWEEN
ONSET AND DEATH

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

multiple ulcers on body

1 month

(C)

malnutrition, inability
to eatII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

11/9/51

19B. MAJOR FINDINGS OF OPERATION

fracture of hip - internal fixation

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☒
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

above address.

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

11/3/51

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Fell on way to bathroom

22. I hereby certify that I attended the deceased from 11/5/51 19__, to 12/11/51, 19__, that I last saw the
deceased alive on 12/11/51, 19__, and that death occurred at 4:50 p. m., from the causes and on the date stated above.

23A. SIGNATURE

John R. Buell Jr.

23B. ADDRESS

Mercy

23C. DATE SIGNED

12/11/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

12/14/51

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cemetery

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.

ADDRESS

BALTO., 13, MD.

VS 150

N-870.0

186a

MEDICAL CERTIFICATION

100-100000

RECEIVED
OFFICE OF THE
SECRETARY OF THE
NAVY

100-100000



260
1-10755

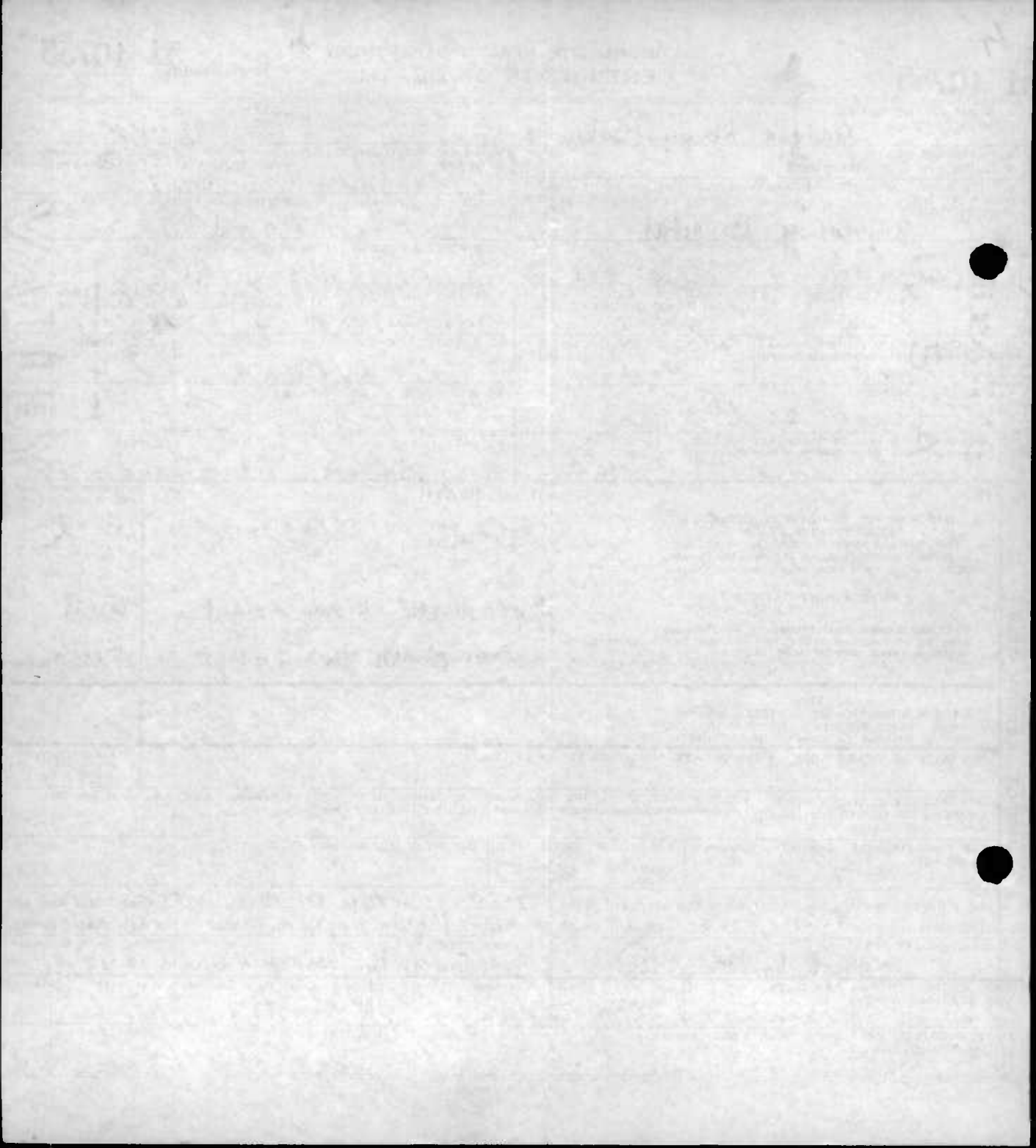
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X Registered No. 51 10755

1. NAME OF DECEASED (Type or Print) George Leroy Baker			2. DATE OF DEATH 12-11-51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY W. COMICO		
5. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) PRUITLAND		
C. Length of stay in Baltimore 5 Mos. 40s.			D. STREET ADDRESS (If rural, give location) HAYWARD AVE 7200		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH MAY 29, 1950	9. AGE (in years last birthday) 1	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10B. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME GEORGE W. BAKER			14. MOTHER'S MAIDEN NAME MARY JANE GUTHRIE		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NONE		16. SOCIAL SECURITY NO. NONE	17. INFORMANT ADDRESS MARY BAKER PRUITLAND MD.		
18. 7573 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Uremia DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Hypo plastic kidney - right (C) Hydropnrosis kidney - left			INTERVAL BETWEEN ONSET AND DEATH Brnk Brnk Brnk		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 7-20		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 7-20 , 19 51 , to 12-11 , 19 51 , that I last saw the deceased alive on 12-11 , 19 51 , and that death occurred at 9:30 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Robert L. Gray MD		23B. ADDRESS University Hospital		23C. DATE SIGNED 12-12-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12-15-51	24C. NAME OF CEMETERY OR CREMATORY PRUITLAND	24D. LOCATION (City, town, or county) (State) PRUITLAND, MD.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 13 1951		REGISTRAR'S SIGNATURE W. H. Williams, Jr.		25. FUNERAL DIRECTOR ADDRESS Hob Loway & Co. Salisbury, Md.	

MEDICAL CERTIFICATION

133B



435
51 10756

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10756
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) FRIMA GILDEN		2. DATE OF DEATH Dec. 13, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION LUTHERAN HOSP. OF MD.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE			
C. Length of stay in Baltimore 22 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2506 QUANTICO AVE.			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH UNKNOWN (1886)	9. AGE (In years last birthday) 65	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10B. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) RUSSIA	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <i>Abraham</i>		14. MOTHER'S MAIDEN NAME <i>Leah</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Samuel Gilden - Home</i>	
18. 422.1 and 204.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) PULMONARY CONGESTION DUE TO CARDIAC DECOMPENSATION DUE TO ARTERIOSCLEROTIC CARDIO-VASC. DISEASE CHRONIC LYMPHOGENOUS LEUKEMIA		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 26 HRS 26 HRS At least 12 YRS. At least 12 YRS	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12/3 , 19 51 , to 12/13 , 19 51 , that I last saw the deceased alive on 12/12 , 19 51 , and that death occurred at 3:12 A. m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Ernest A. Stettin</i>		23B. ADDRESS <i>M. O. Lutheran Hospital</i>		23C. DATE SIGNED 12/13/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12-13-51		24C. NAME OF CEMETERY OR CREMATORY Rosedale	
24D. LOCATION (City, town, or county) (State) Balto Md		24E. FUNERAL DIRECTOR <i>Jack Lewis</i>		24F. ADDRESS 2100 Centau Pl	
DATE RECEIVED BY LOCAL REGISTRAR DEC 13 1951		REGISTRAR'S SIGNATURE <i>Carleton Williams</i>		VS 150	

MEDICAL CERTIFICATION

74a

CERTIFICATE OF DEATH

NAME

AGE

SEX

RACE

DATE OF BIRTH

DATE OF DEATH

PLACE OF BIRTH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BURIAL

PLACE OF BURIAL

SIGNATURE OF DECEASED

SIGNATURE OF WITNESSES

SIGNATURE OF MINISTER

SIGNATURE OF CLERK

SIGNATURE OF JUDGE

SIGNATURE OF SHERIFF

SIGNATURE OF CORONER

SIGNATURE OF JURY

SIGNATURE OF COURT

SIGNATURE OF STATE

SIGNATURE OF NATION

450
1 10757

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10757
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) ARTHUR KLEIN		2. DATE OF DEATH Dec. 12, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hosp. of Md.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 1515			
C. Length of stay in Baltimore 11 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2426 Shirley Ave. #15			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH July 2, 1900	9. AGE (In years last birthday) 51 If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MANAGER		10B. KIND OF BUSINESS OR INDUSTRY HOME UTILITIES		11. BIRTHPLACE (State or foreign country) New York	
13. FATHER'S NAME Herschel (R)		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 131-07-1318		14. MOTHER'S MAIDEN NAME Jennie	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 131-07-1318		17. INFORMANT ADDRESS wife - Myra Klein same	
18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Myocardial Infarction DUE TO (A) Acute Myocardial Infarction DUE TO (B) DUE TO (C) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH Acute Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 6 hrs.	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec. 12, 1951 , to Dec. 12, 1951 , that I last saw the deceased alive on Dec. 12, 1951 , and that death occurred at 3:15 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE Miriam S. Daly		23B. ADDRESS Lutheran Hosp. of Md.		23C. DATE SIGNED Dec. 12, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/13/51		24C. NAME OF CEMETERY OR CREMATORY Rosevale	
24D. LOCATION (City, town, or county) Balto		24E. STATE Md.		24F. DATE RECEIVED BY LOCAL REGISTRAR DEC 13 1951	
24G. REGISTRAR'S SIGNATURE William Williams		24H. FUNERAL DIRECTOR Jack Lewis Inc.		24I. ADDRESS 12100 Eutaw Pl.	

MEDICAL CERTIFICATION

WYOMING

DEPARTMENT OF REVENUE



554

10758

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10758

1. NAME OF DECEASED (Type or Print) John Emanuel		2. DATE OF DEATH Dec. 9, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1201 Myrtle Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 1201 Myrtle Ave.	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Nov. 15, 1878
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Sp	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mr. Edward Finks		ADDRESS 748 Dolphin St.	

18. 443 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Chronic myocarditis	CAUSE OF DEATH (A) Chronic myocarditis DUE TO	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ DUE TO	(C) _____ DUE TO	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Arteriosclerosis with hypertension		
19A. DATE OF OPERATION None	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **2-24-**, 19**43** to **12-9**, 19**51**, that I last saw the deceased alive on **12-6**, 19**51**, and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE C. R. Campbell	23B. ADDRESS 718 Dolphin St.	23C. DATE SIGNED 12-11-51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12-13-51	24C. NAME OF CEMETERY OR CREMATORY Mt. Aburun Cem
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		

DATE RECEIVED BY LOCAL REGISTRAR DEC 13 1951	REGISTRAR'S SIGNATURE Wm. J. Williams, M.D.	25. FUNERAL DIRECTOR Mr. Francis J. Henkel	ADDRESS 578 W. 93rd St.
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U. S. A. 1

VALLEY
CONGRESS
BOND

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 10759**

1. NAME OF DECEASED (Type or Print) WILLIAM R. JACOBS		2. DATE OF DEATH Dec. 10, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY 27-10	
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. Length of stay in Baltimore 3 Mos. Days		D. STREET ADDRESS (If rural, give location) 4331 Old York Road	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb 29 1892
		9. AGE (In years last birthday) 59	10. Under 1 Year Months: Days
		11. BIRTHPLACE (State or foreign country) Germany	12. CITIZEN OF WHAT COUNTRY?
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baker		10B. KIND OF BUSINESS OR INDUSTRY State Baking Co	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. 213-05-8286	
		17. INFORMANT Fredericka Jacobs - Box 168 Route 2 - Florida	
		ADDRESS Miami	

18. 422-1-1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Arteriosclerotic cardiovascular disease DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO		
(C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE **Stanley B. Dunleach** M.D. 23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐ 23C. DATE SIGNED **Dec. 11, 1951**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **Dec. 14-1951** 24C. NAME OF CEMETERY OR CREMATORY **Zion Lutheran Church Cem** 24D. LOCATION (City, town, or county) (State) **Steuers Run Md**

DATE RECEIVED BY LOCAL REGISTRAR **DEC 13 1951** REGISTRAR'S SIGNATURE **John W. Gensel** 25. FUNERAL DIRECTOR **John W. Gensel** ADDRESS **5311 Edmondson Ave**

U.S. 12

U.S. 12

U.S. 12

300
10760BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10760

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRANK C. MOTTO

2. DATE
OF
DEATH

December 12, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Baltimore City Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

314 Spring Court

Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED.

8. DATE OF BIRTH

NOV 14 1914

9. AGE (In years
last birthday)

37

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

TRUCKER

10B. KIND OF BUSINESS OR
INDUSTRY

FREIGHT HANDLER.

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MD.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

DOMINICK MOTTO

14. MOTHER'S MAIDEN NAME

MARY BOVA.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOSEPHINE M. MOTTO 314 SPRING CT

18. 4201 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary occlusion both old and recent

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Dec. 12, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

DEC 15 1951

24C. NAME OF CEMETERY OR CREMATORY

HOLY REDEEMER CEM

24D. LOCATION (City, town, or county)

4430 BELAIR RD

(State)

MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 13 1951

for William M.

Doppel Bros 7110 BELAIR RD.

UNITED STATES DEPARTMENT OF AGRICULTURE

OFFICE OF THE ASSISTANT SECRETARY

WASHINGTON, D. C.

February 1, 1911

Dear Sir:

I have the honor to acknowledge the receipt of your letter of the 28th inst.

and in reply to inform you that the same has been forwarded to the

proper authorities for their consideration.

I am, Sir, very respectfully,

Yours very truly,

W. L. RORER, Assistant Secretary.

Very truly yours,

W. L. RORER.

Enclosed for you are two copies of a report of the

Commissioner of the General Land Office, dated January 11, 1911,

in relation to the proposed sale of the public lands in the

State of California.

I am, Sir, very respectfully,

Yours very truly,

W. L. RORER, Assistant Secretary.

Very truly yours,

W. L. RORER.

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Yours very truly,

W. L. RORER, Assistant Secretary.

Very truly yours,

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 10761**

BIRTH NO. 51 10761		1. NAME OF DECEASED (Type or Print) Harry C. Henderson		2. DATE OF DEATH 12/9/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY 8-06		
B. FULL NAME OF HOSPITAL OR INSTITUTION 1638 N. Wolfe St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. Length of stay in Baltimore Life			E. STREET ADDRESS (If rural, give location) 1638 N. Wolfe St.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 11/21/71	9. AGE (In years last birthday) 80	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) solicitor Balto. News, Post Retired			11. BIRTHPLACE (State or foreign country) Baltimore Md.		
13. FATHER'S NAME Clarence Henderson			14. MOTHER'S MAIDEN NAME Sarah Staurt		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Mollie H. Henderson			ADDRESS 1628 N. Wolfe St.		
18. 420.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.			CAUSE OF DEATH (A) Cerebral Accident DUE TO (B) Generalized arteriosclerosis DUE TO (C) Arteriosclerosis heart disease		
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept 1 , 19 50 , to Dec 9 , 19 51 , that I last saw the deceased alive on 12/9 , 19 51 , and that death occurred at 9:30 Pm. , from the causes and on the date stated above.					
23A. SIGNATURE Thomas F. Rutter		M. O. 1706 N. West St		23C. DATE SIGNED 12/12/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/13/51		24C. NAME OF CEMETERY OR CREMATORY Baltimore	
24D. LOCATION (City, town, or county) Baltimore Md.		25. FUNERAL DIRECTOR Clarence F. Hoffmann			
DATE RECEIVED BY LOCAL REGISTRAR DEC 13 1951		REGISTRAR'S SIGNATURE John Williams, M.D.		ADDRESS 1639 Broadway	

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

RETURNED TO HEALTH DEPARTMENT

100-100000

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 51 10762

652

BIRTH NO. 51 10762 51-26617

1. NAME OF DECEASED (Type or Print) HAROLD A. DERNNOCK Jr.		2. DATE OF DEATH Dec. 10, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1043 Argyle Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 1043 Argyle Avenue		5. LENGTH OF STAY IN BALTIMORE LIFE	
6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 11-9-51	9. AGE (In years last birthday) 1 1 1 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	
13. FATHER'S NAME HAROLD DERNNOCK Md		14. MOTHER'S MAIDEN NAME JUANITA ? Md	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS WILLIAM DERNNOCK 1043 ARGYLE AVE.	

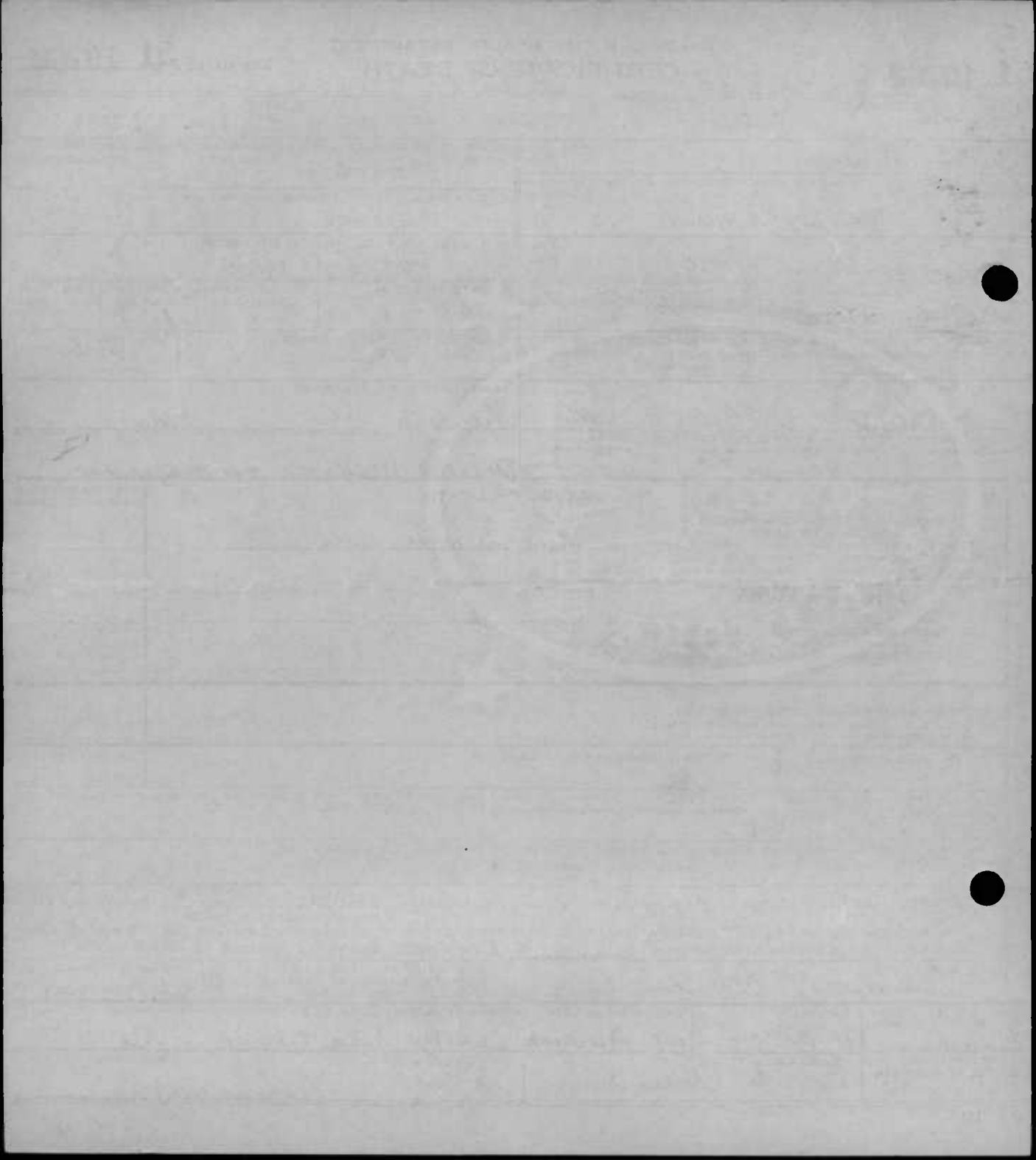
18. 391.2 CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Bilateral otitis media DUE TO		
ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO		
(C)		
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB-UTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		
<p>I certify that I took charge of the remains described above, held an <u>autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> <u>accident</u> <input type="checkbox"/> <u>suicide</u> <input type="checkbox"/> <u>homicide</u> <input type="checkbox"/> <u>undetermined</u> <input type="checkbox"/>.</p>				
23A. SIGNATURE <i>Stanley H. Dunleavy</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/> 23C. DATE SIGNED Dec. 11, 1951		

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 12/14/51	24C. NAME OF CEMETERY OR CREMATORY MT. AUBURN CEMETRY	24D. LOCATION (City, town, or county) (State) BALTIMORE Md.
DATE RECEIVED BY LOCAL REGISTRAR DEC 13 1951		REGISTRAR'S SIGNATURE <i>William J. Johnson</i>	25. FUNERAL DIRECTOR ADDRESS <i>William J. Johnson 914 Penna</i>

89a ✓

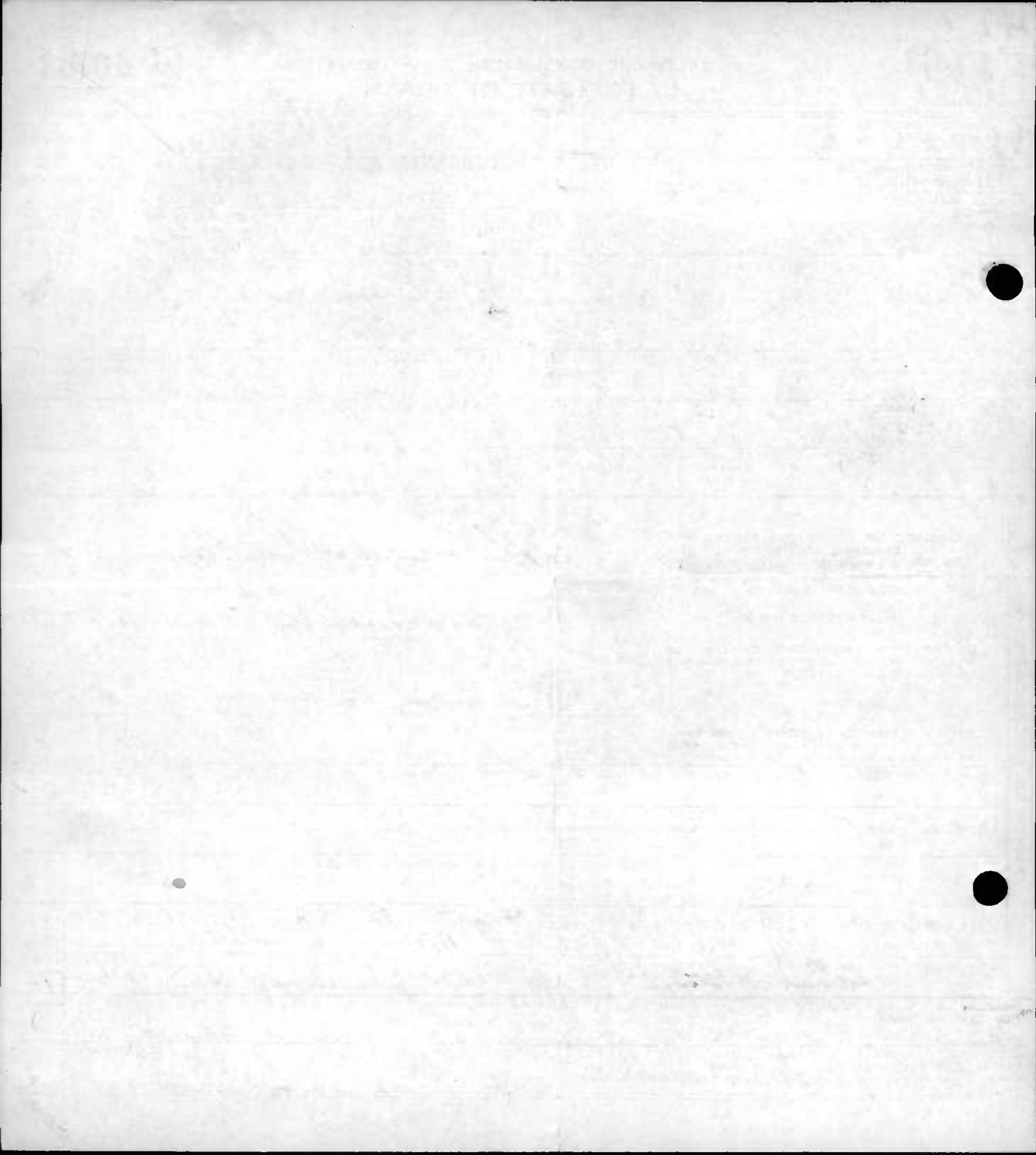
MEDICAL CERTIFICATION



536
10/763BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10763

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <u>John Pendergast</u>		2. DATE OF DEATH <u>Dec 11-1951</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Baltimore Maryland</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>9-08</u>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>2011 Greenmount Ave</u>		C. CITY OR TOWN (If outside corporate limits write RURAL and give township) <u>Baltimore</u>			
Length of stay in Baltimore <u>91 years</u>		D. STREET ADDRESS (If rural, give location) <u>2011 Greenmount Ave</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Jan 10-1860</u>	9. AGE (In years last birthday) <u>91</u>	10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Penna. R. R.</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Penna. R. R.</u>		11. BIRTHPLACE (State or foreign country) <u>Baltimore Maryland</u>	
13. FATHER'S NAME <u>Richard Pendergast</u>		14. MOTHER'S MAIDEN NAME <u>Ann Murphy</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>MISS SARAH PENDERGAST</u>		17. INFORMANT ADDRESS <u>2011 Greenmount Ave</u>	
18. <u>4221</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Myocardial Infarction</u>		CAUSE OF DEATH (A) <u>Myocardial Infarction</u> DUE TO (B) <u>Myocarditis</u> DUE TO (C) <u>Coronary Atherosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 day</u> <u>1 year</u> <u>0 yrs.</u>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>II</u> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>210</u>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>210</u>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <u>210</u>	
21D. TIME (Month) (Day) (Year) (Hour) INJURY <u>12/11/1951</u>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <u>210</u>	
22. I hereby certify that I attended the deceased from <u>March 1950</u> to <u>Dec. 11, 1951</u> , that I last saw the deceased alive on <u>12/11/1951</u> and that death occurred at <u>11:30 P.M.</u> from the causes and on the date stated above.					
23A. SIGNATURE <u>Thomas J. White</u>		23B. ADDRESS <u>3809 Greenmount Ave</u>		23C. DATE SIGNED <u>12/12/51</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>Dec 15-1951</u>		24C. NAME OF CEMETERY OR CREMATORY <u>New Cathedral Cemetery</u>	
24D. LOCATION (City, town, or county) (State) <u>4300 Old Frederick Rd</u>		24E. REGISTRAR'S SIGNATURE <u>Arthur J. Williams, M.D.</u>		24F. FUNERAL DIRECTOR ADDRESS <u>Joseph Garase Inc 2013 Greenmount Ave</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>DEC 13 1951</u>					



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 10764**

BIRTH NO. **10764**

1. NAME OF DECEASED (Type or Print) JOHN MULCAHY		2. DATE OF DEATH December 12, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 10-01	
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore 1 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1200 Valley Street	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) DIV	8. DATE OF BIRTH Dec. 3, 1886
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY Orderly-Private	9. AGE (In years last birthday) 65 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
13. FATHER'S NAME Thomas Mulcahy		11. BIRTHPLACE (State or foreign country) Ind.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? U.S.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Mary Hughes	
17. INFORMANT Mrs. Roy Stewart		ADDRESS 2116 Eagle St.	

MEDICAL CERTIFICATION

18. 4221 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?	

I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William J. Smith		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Dec. 12, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Dec 14 1951	24C. NAME OF CEMETERY OR CREMATORY Holy Cross	24D. LOCATION (City, town, or county) (State) Baltimore		
DATE RECEIVED BY LOCAL REGISTRAR DEC 13 1951		25. FUNERAL DIRECTOR Rita Wiedefeld ADDRESS 900 E. Biddle St.			

7308T

93D

18 Jan 1946
 From Dept of State
 to the President
 18 Jan 1946

18 Jan 1946
 From the President
 to the Dept of State

361
10765BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10765
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Frank Butterhoff</i>		2. DATE OF DEATH <i>Dec 12th 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1200 Valley St</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>10-01</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Little Son of the Pool</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
D. STREET ADDRESS (If rural, give location) <i>1200 Valley St</i>		5. LENGTH OF stay in Baltimore <i>11 yrs</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>1870</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) <i>81</i>
13. FATHER'S NAME <i>Peter Butterhoff</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>unknown</i>	
17. INFORMANT		ADDRESS	

18. <i>422.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>Chronic Myocarditis</i> DUE TO (B) <i>Arterio Sclerosis</i> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <i>1 yr</i> <i>5 yrs</i>
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19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Sept 1 -*, 1951, to *Dec 12 -*, 1951, that I last saw the deceased alive on *Dec 12 -*, 1951, and that death occurred at *2 P.* m., from the causes and on the date stated above.

23A. SIGNATURE <i>E. G. Hall Hall MD</i>	23B. ADDRESS <i>1631 E. North Ave</i>	23C. DATE SIGNED <i>Dec 13 1951</i>
---	--	--

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Dec 15/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Cathedral</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore</i>
--	-------------------------------	--	---

DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 13 1951</i>	REGISTRAR'S SIGNATURE <i>Montgomery Williams, MD</i>	25. FUNERAL DIRECTOR <i>Rita Wiedefeld</i>	ADDRESS <i>900 E. Biddle St</i>
--	---	---	------------------------------------

320

1 10766

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10766

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
CHARLES BEITZ		DECEMBER 10-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 331 SOUTH BENTALOU STREET		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE CITY 20-05	
D. STREET ADDRESS (If rural, give location) 331 SOUTH BENTALOU STREET		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Aug:12-1874
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BREWER		10B. KIND OF BUSINESS OR INDUSTRY NAT: BREWERY	9. AGE (In years last birthday) 77
13. FATHER'S NAME CHRISTIAN BEITZ		11. BIRTHPLACE (State or foreign country) GERMANY	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) ***		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO. 213-10-2060		14. MOTHER'S MAIDEN NAME AMELIA BOLT	
17. INFORMANT BARBARA BEITZ-331 S. Bentalou St.		ADDRESS	
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Cerebral Accident DUE TO (B) Hypertensive Cardiovascular Disease DUE TO (C) Arthritis		INTERVAL BETWEEN ONSET AND DEATH 1/2 day. About 3 Yrs. About 5 Yrs.	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from October 25, 1951, to December 10, 1951, that I last saw the deceased alive on Dec. 10, 1951, and that death occurred at 9:10 p.m., from the causes and on the date stated above.	
23A. SIGNATURE E. B. Wippert & Son		23B. ADDRESS 516 Cathedral St.	
23C. DATE SIGNED 12/12/51		24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24B. DATE DEC. 13-1951		24C. NAME OF CEMETERY OR CREMATORY OAKLAWN CEMETERY	
24D. LOCATION (City, town, or county) (State) BALTIMORE MARYLAND		25. FUNERAL DIRECTOR F. B. WIPPERT & SON 1300 EUTAW PL. 17	

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BALTIMORE CITY HEALTH DEPARTMENT

51 10767

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Baby Boy Murray (Edward Charles Murray)

2. DATE
OF
DEATH

December 12, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

B. COUNTY

before admission)

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Agnes Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore, Maryland

D. STREET ADDRESS (If rural, give location)

2251 Wilkins Ave. #29

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Baby

8. DATE OF BIRTH

December 5, 1951

9. AGE (in years
last birthday)10. Under 1 Year
Months Days Hours Min.

7

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Baby

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland - Baltimore

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Edward Murray

14. MOTHER'S MAIDEN NAME

Gertrude Murray (Hook)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Edward C. Murray-2251 Wilkens Ave.

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 5, 1951, to Dec 11, 1951, that I last saw the
deceased alive on Dec 11, 1951, and that death occurred at 6:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

DEC. 14-1951

24C. NAME OF CEMETERY OR CREMATORY

LOUDON PARK CEMETERY

24D. LOCATION (City, town, or county)

BALTIMORE MARYLAND

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

F.B. WIPPERT & SON 1300 EUTAW PLACE

VS 150

17 159

MEDICAL CERTIFICATION

GENERAL INFORMATION

1. Name of the person or organization

2. Address

3. City

4. State

5. Zip

6. Telephone

7. Fax

8. E-mail

9. Website

10. Other

11. Comments

12. Signature

13. Date

14. Initials

15. Remarks

16. Remarks

17. Remarks

352
51 10768

51 10768

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

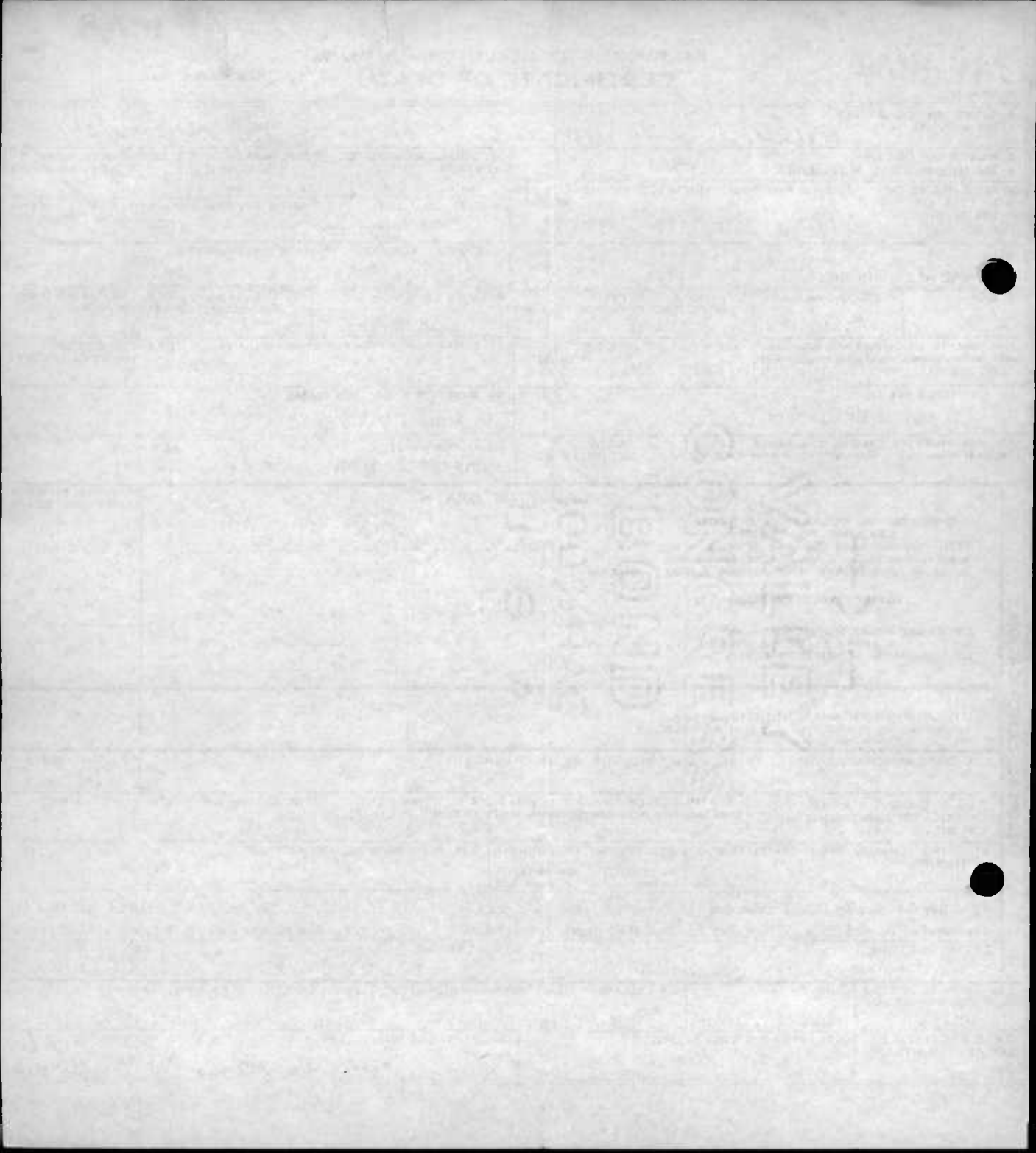
Registered No. _____

BIRTH NO.					
1. NAME OF DECEASED (Type or Print) <i>David Nathanson</i>			2. DATE OF DEATH <i>12/12/51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Sinai Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
Length of stay in Baltimore <i>4 Yrs</i>			D. STREET ADDRESS (If rural, give location) <i>3437 Piedmont Ave</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Dec 1873</i>	9. AGE (In years last birthday) <i>71</i>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Merchant</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>General Merchandise</i>		11. BIRTHPLACE (State or foreign country) <i>Russia</i>	
13. FATHER'S NAME <i>Abraham Nathanson</i>			12. CITIZEN OF WHAT COUNTRY? _____		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Anna Nathanson</i>			ADDRESS <i>3437 Piedmont Ave</i>		
18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>acute myocardial infarction</i> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>arteriosclerotic cardiovascular disease</i> DUE TO (C) _____			INTERVAL BETWEEN ONSET AND DEATH <i>12/12/51</i> <i>12/12/51</i>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>✓</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> m. WORK AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>12/12</i> , 19 <i>51</i> , to <i>12/12</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>12/12</i> , 19 <i>51</i> , and that death occurred at <i>5:30</i> p. m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Elmer B. Berengard</i>		M. D.		23B. ADDRESS <i>Sinai Hospital</i>	
23C. DATE SIGNED <i>12/12/51</i>					
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Dec 14, 1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Beth Tfiloh Cemetery</i>	
24D. LOCATION (City, town, or county) <i>Windsor Mill Road Balto Md</i>		(State) _____			
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 13 1951</i>		REGISTRAR'S SIGNATURE <i>Washington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Sal Lawrence Bros W North ave</i>	
ADDRESS <i>1126</i>					

MEDICAL CERTIFICATION

29060

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 10769
Registered No.

51 10769
B-420
BIRTH NO.

1. NAME OF DECEASED (Type or Print) William Aaron Block		2. DATE OF DEATH December 13, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 4111 Belview Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 4111 Belview Ave		E. AGE (In years last birthday) 57 F. Under 1 Year: Months: Days: Hours: Min.	
G. Length of stay in Baltimore		H. DATE OF BIRTH March 7, 1894	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	9. AGE (In years last birthday) 57
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman Mens Clothing		10B. KIND OF BUSINESS OR INDUSTRY Men Clothing	
11. BIRTHPLACE (State or foreign country) Baltimore Md		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Rubin Block		14. MOTHER'S MAIDEN NAME Rebecca Feldman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 090-05-7041	
17. INFORMANT Fannie Block		ADDRESS 4111 Belview Ave	

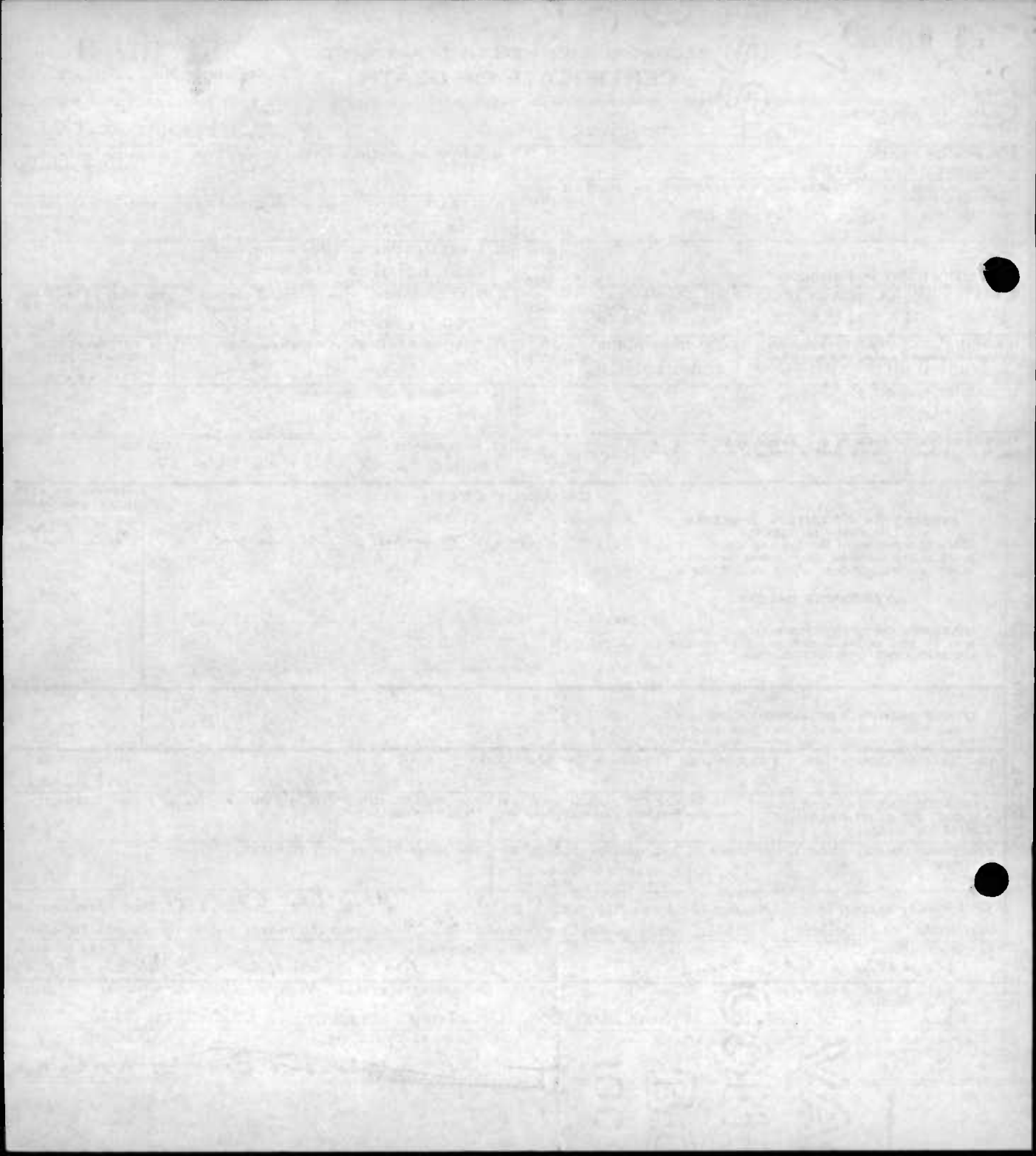
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH One day
(A) DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
(B) DUE TO		
(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April , 19 49 , to Dec 13 , 19 51 , that I last saw the deceased alive on Dec 13 , 19 51 , and that death occurred at 600 a. m., from the causes and on the date stated above.					
23A. SIGNATURE Rebecca Kalman		23B. ADDRESS 3700 Park Heights Ave		23C. DATE SIGNED Dec 13, 1951	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec 14, 1951		24C. NAME OF CEMETERY OR CREMATORY Har Zion Cong Cemetery		24D. LOCATION (City, town, or county) (State) Rosedale Baltimore Md	
DATE RECEIVED BY LOCAL REGISTRAR DEC 15 1951		REGISTRAR'S SIGNATURE Washington P. Williams		25. FUNERAL DIRECTOR Sol Swinson & Bros		ADDRESS 1126 W North Ave	

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94a



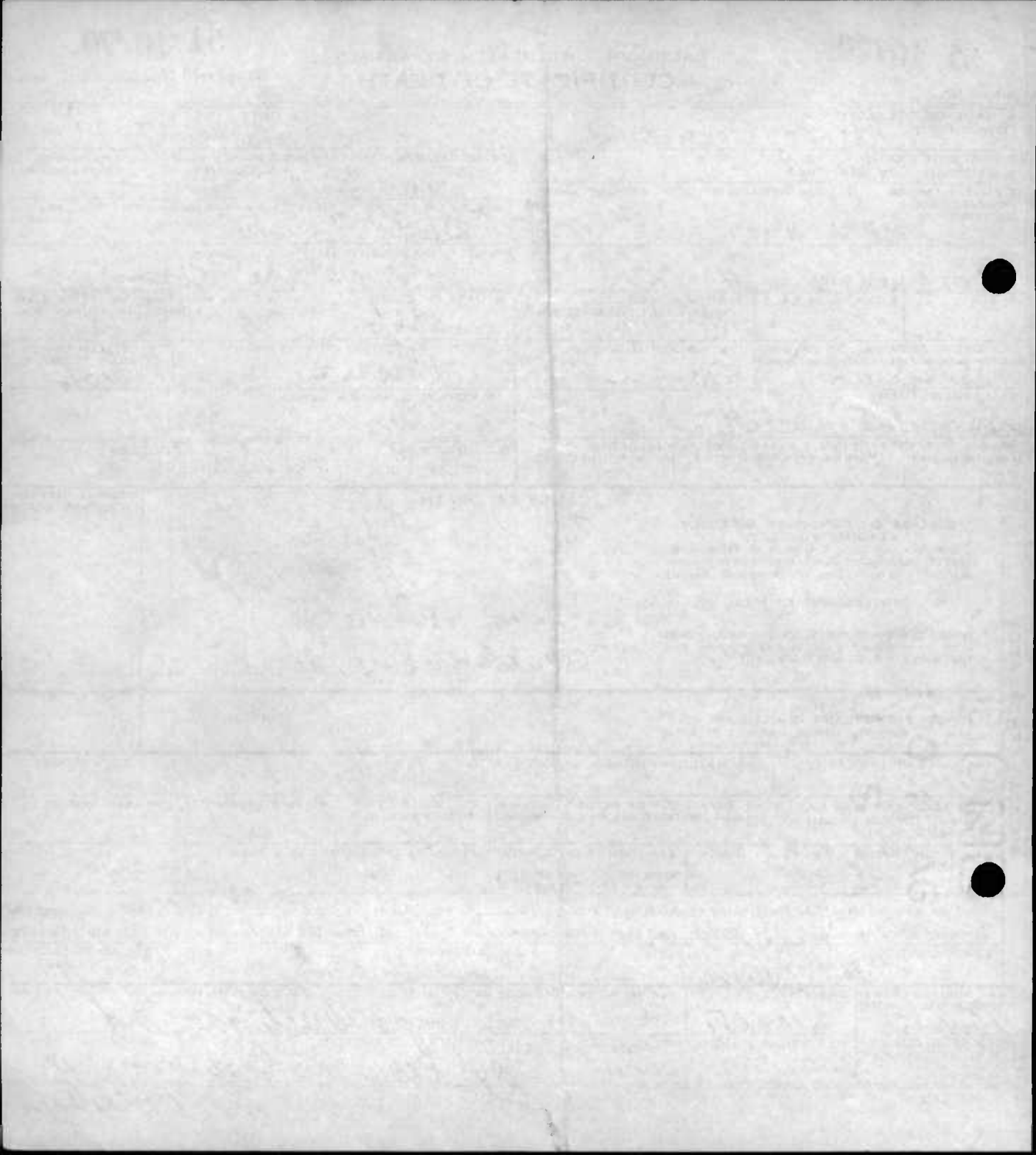
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51 10770

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X 51 10770
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) NATHAN FINKELSTEIN		2. DATE OF DEATH DEC. 13, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Balto. County			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION SINAI HOSP.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. County			
Length of stay in Baltimore 40 YRS		D. STREET ADDRESS (If rural, give location) Johnny Lake Road 5200			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 1866	9. AGE (In years last birthday) 85	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Proprietor		10B. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (State or foreign country) Russia	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Samuel Finkelstein		14. MOTHER'S MAIDEN NAME Liza	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Morris Fink	
				ADDRESS 3722 Park Heights Ave	
18. 470.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial Infarction DUE TO Coronary occlusion DUE TO Arteriosclerotic Heart Disease		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec. 12, 1951 , to Dec. 13, 1951 , that I last saw the deceased alive on Dec. 13, 1951 , and that death occurred at 4:15 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Adel Sandler		23B. ADDRESS Sinai Hospital		23C. DATE SIGNED Dec 13, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/14/51		24C. NAME OF CEMETERY OR CREMATORY Hebrew Mt Carmel Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		24E. FUNERAL DIRECTOR Sol Levinson		24F. ADDRESS Box - 1124-26 W 93rd North Ave	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Anshei Sfar		25. ADDRESS	

MEDICAL CERTIFICATION



365
51 10771BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10771
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Henrietta STERNBERG			2. DATE OF DEATH 12 Dec. 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Lutheran Hospital of Maryland			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 4111 Liberty Heights Ave.			E. LENGTH OF STAY IN BALTIMORE unknown		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH 25 Sept 1906		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Store Clerk			9. AGE (In years last birthday) 45 yrs.		
10B. KIND OF BUSINESS OR INDUSTRY A & P store			11. BIRTHPLACE (State or foreign country) Denver, Colorado		
13. FATHER'S NAME (R)			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. 212-18-7151		
17. INFORMANT Mrs. Fannie Herling			ADDRESS 829 Lake Drive Baltimore Md.		

18. 592X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) Uremia (B) Chronic glomerulonephritis (C) Acute lower nephron nephrosis due to repeated blood transfusions		INTERVAL BETWEEN ONSET AND DEATH 4-5 days

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8 Dec. , 1951, to 12 Dec. , 1951, that I last saw the deceased alive on 12 Dec. , 1951, and that death occurred at 7:40 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE William P. Bremer		23B. ADDRESS Lutheran Hospital Baltimore		23C. DATE SIGNED 12/12/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 12/13/51		24C. NAME OF CEMETERY OR CREMATORY Denver, Colorado	
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR Edw. J. Lickner & Sons			
DATE RECEIVED BY LOCAL REGISTRAR DEC 13 1951		REGISTRAR'S SIGNATURE Edw. J. Lickner & Sons		ADDRESS Balto 17, Md 131B	

DEPARTMENT OF THE ARMY
OFFICE OF THE ADJUTANT GENERAL

RECEIVED
JAN 12 1964

TO: THE ADJUTANT GENERAL
FROM: THE ADJUTANT GENERAL
SUBJECT: [illegible]

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51 10772

51 10772

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

ANNIE F. WRIGHTSON

2. DATE
OF
DEATH

Dec. 12, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION Long Green Nursing Home
115 E. Melrose Ave.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2934 N. Calvert St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Sept. 24, 1870

9. AGE (In years,
last birthday)

81

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

West Virginia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Adam Fisher

14. MOTHER'S MAIDEN NAME

Johanna Burkhart

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

-

16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Mr. F. W. Wrightson - 4107 Wardman Rd.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Arteriosclerotic Cardiovascular
Disease

30 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

None

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

None

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from November, 1949, to Dec. 12, 1951, that I last saw the
deceased alive on Dec 12, 1951, and that death occurred at 2:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Joseph H. Bird

M. D.

23B. ADDRESS

1532 Navenwood Rd

23C. DATE SIGNED

12-12-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/15/51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

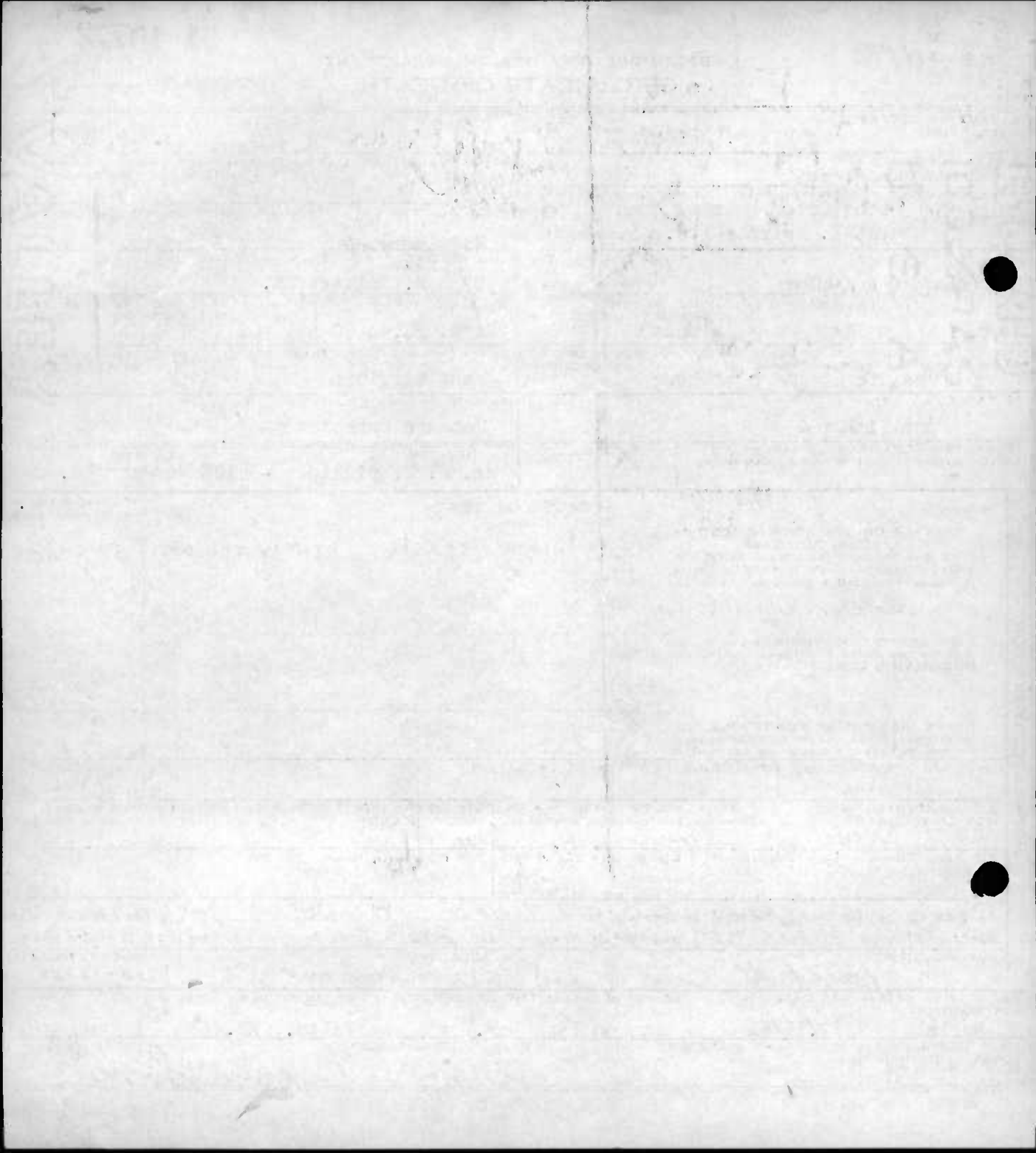
REGISTRAR'S SIGNATURE

William Williams, Jr.

25. FUNERAL DIRECTOR

Stm. J. Pickner & Sons

ADDRESS



526
51 10773
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10773
Registered No.

1. NAME OF DECEASED (Type or Print) MARY M. SINGER			2. DATE OF DEATH Dec. 11, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 112 E. 24th St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 112 E. 24th St.		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Mar. 17, 1875	9. AGE (In years last birthday) 76	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seamstress			11. BIRTHPLACE (State or foreign country) Maryland		
10B. KIND OF BUSINESS OR INDUSTRY Own dressmaking			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Charles Eichelberger			14. MOTHER'S MAIDEN NAME Louise Horpell		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. none		
17. INFORMANT Mr. Charles Waddey-26 Hillsdale Rd.			18. Passaden, Md.		

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) hypertensive cardio-vascular disease (A) DUE TO	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH 3 mos
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from June , 19 51 , to Dec. 11 , 19 51 , that I last saw the deceased alive on Dec. 10, 1951 , and that death occurred at 12:10 p.m. , from the causes and on the date stated above.		
23A. SIGNATURE E. Ellsworth Coole M. D.	23B. ADDRESS 2451 Maryland Ave.	23C. DATE SIGNED 12-12-51

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12/14/51	24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	24D. LOCATION (City, town, or county) (State) Balto., Md.
DATE RECEIVED BY LOCAL REGISTRAR DEC 12 1951	REGISTRAR'S SIGNATURE Wm. J. Dickner & Sons	25. FUNERAL DIRECTOR, ADDRESS Balto 17, Md 937	

RECEIVED
JAN 11 1964
U.S. AIR FORCE
OFFICE OF THE
JOINT CHIEFS OF
STAFF
WASHINGTON, D.C.

155
51 10774BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10774
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY E. HOFFMAN

2. DATE
OF
DEATH

Dec. 12, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR Melchor Nursing Home
INSTITUTION 24th & Charles4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTYC. CITY OR TOWN (If outside corporate limits, write full RAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

4224 Loch Raven Blvd.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

May 9, 1875

9. AGE (in years, last birthday)

76

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Wisconsin

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Michael Herman

14. MOTHER'S MAIDEN NAME

Mary O'Connell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. C. J. Bradfield - 4224 Loch Raven Blvd.

18. 442X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Krsmia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Antepartum P. V. Rupt. Dis.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Left Hemiplegia

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 20, 1951, to Dec. 12, 1951, that I last saw the deceased alive on Dec. 11, 1951 and that death occurred at 1 P. M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12/15/51

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

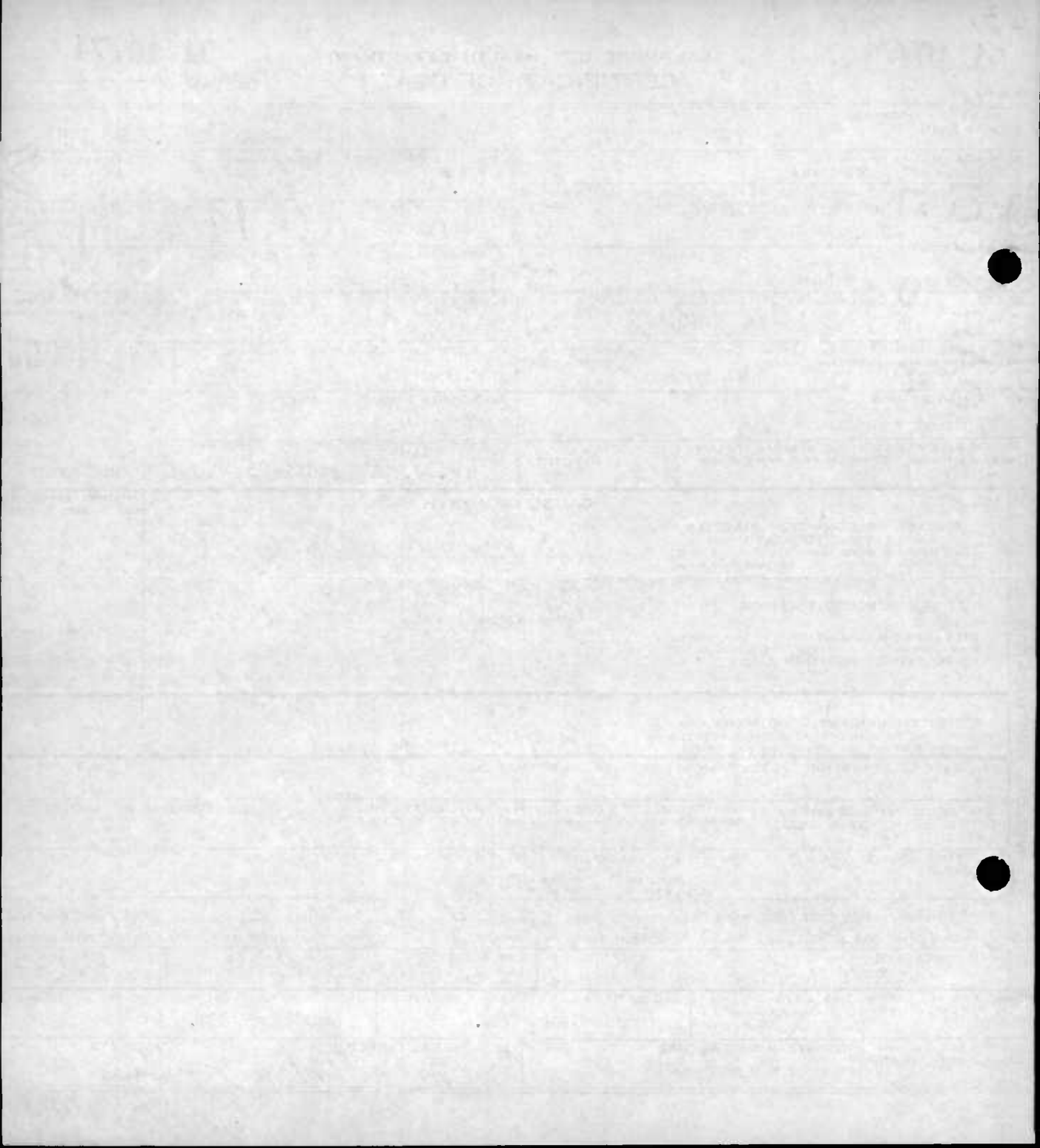
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

131a Bath 17 Md.



639 Hospital Disposal		BALTIMORE CITY HEALTH DEPARTMENT		51 10775	
51 10775		CERTIFICATE OF DEATH		Registered No.	
BIRTH NO. 51-28739					
1. NAME OF DECEASED (Type or Print) <i>Baby boy Howard</i>			2. DATE OF DEATH <i>DEC 9 1951</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>D. C.</i> B. COUNTY <i>V-48</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Washington</i>		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>3410 39th. St. NW.</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>S.</i>	8. DATE OF BIRTH <i>12-5-51</i>	9. AGE (In years last birthday)	10. Under 1 Year Months: <i>4</i> Days: <i>4</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) <i>Md.</i>		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <i>Virgil E. Howard</i>			14. MOTHER'S MAIDEN NAME <i>Margaretta</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
			17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		
18. <i>76051</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			CAUSE OF DEATH <i>Prematurity</i> DUE TO <i>Intracranial hemorrhage from birth injury</i>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>12-5-</i> , 1957, to <i>12-9-</i> , 1957, that I last saw the deceased alive on <i>12-9-</i> , 1957, and that death occurred at <i>6:15</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>S. H. Kaiser</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>12/11/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>DEC 13 1951</i>	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY <i>Hosp. Deaford</i>	24D. LOCATION (City, town, or county) (State)		
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 13 1951</i>	REGISTRAR'S SIGNATURE <i>William Williams, M.D.</i>	25. FUNERAL DIRECTOR		ADDRESS	

1971

DEPT. OF AGRICULTURE

UNITED STATES GOVERNMENT

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

620

MD 15483776

BIRTH NO.

51-3108

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 10776

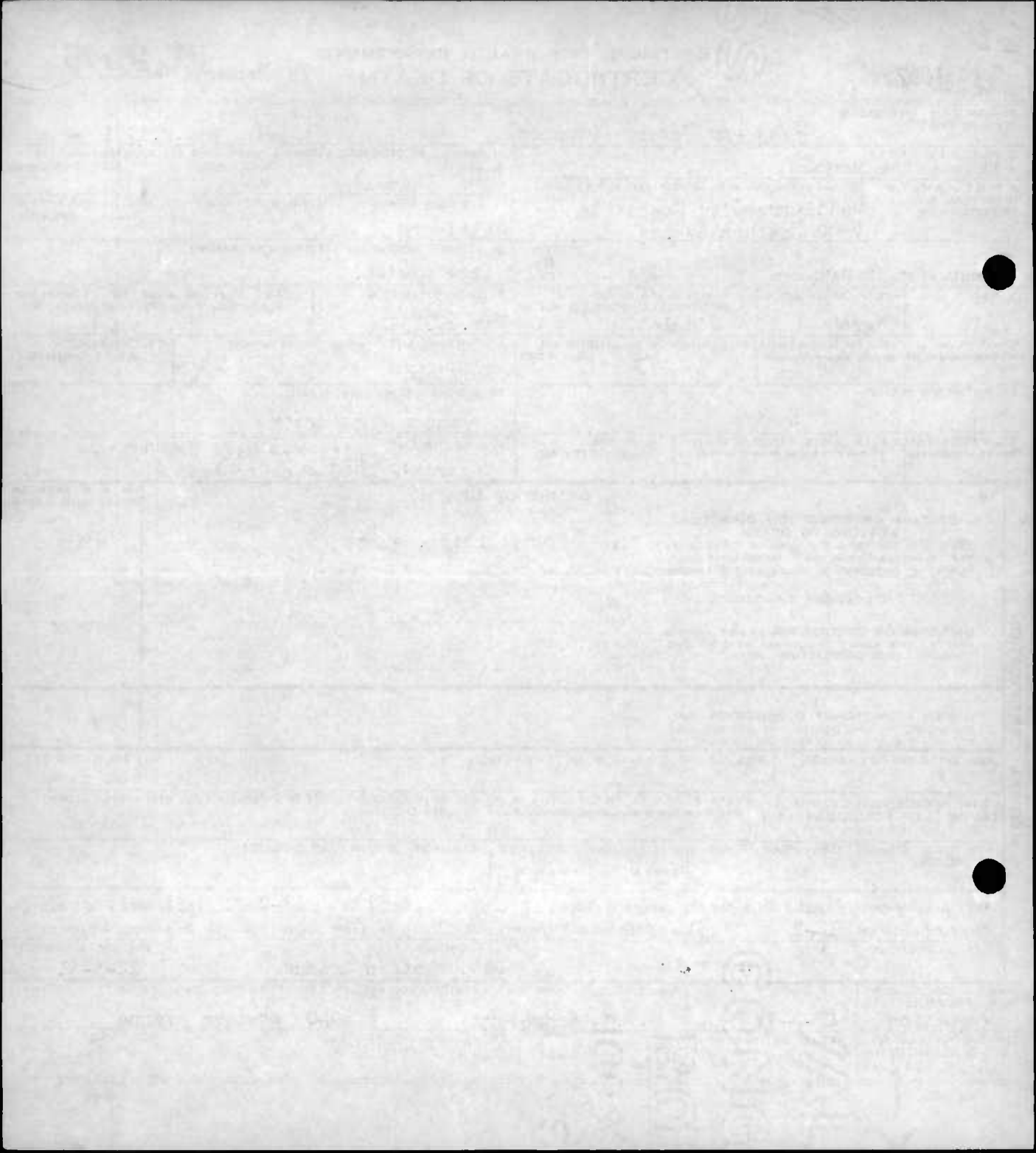
1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Baby Boy Dorsey (Eunice)		Dec. 2, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 1104 Low St.		5. AGE (In years last birthday)	
Length of stay in Baltimore Life		6. DATE OF BIRTH Nov. 28, 1951	
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	9. AGE (In years last birthday) 5
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME ?		14. MOTHER'S MAIDEN NAME Eunice Mae Dorsey	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT Records: Baltimore City Hospitals 4940 Eastern Avenue		12. CITIZEN OF WHAT COUNTRY?	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) Prematurity, Gross		Life			
DUE TO					
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-28, 1951, to 12-2, 1951, that I last saw the deceased alive on 12-2, 1951 and that death occurred at 2 a.m., from the causes and on the date stated above.					
23A. SIGNATURE J.S. Dorsey		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 12-5-51	

24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24B. DATE 12-4-51		24C. NAME OF CEMETERY OR CREMATORY B.C.H. Crematory		24D. LOCATION (City, town, or county) (State) 4940 Eastern Avenue	
DATE RECEIVED BY LOCAL REGISTRAR DEC 3 1951		REGISTRAR'S SIGNATURE William H. Williams		25. FUNERAL DIRECTOR		ADDRESS	

MEDICAL CERTIFICATION



1. NAME OF DECEASED (Type or Print) Baby Girl Warren-Christine		2. DATE OF DEATH Nov. 9, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 9-08	
Length of stay in Baltimore Life Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 527 20th Street E.	
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Nov. 8, 1951
9. AGE (In years last birthday)		10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Russell Moore		14. MOTHER'S MAIDEN NAME Christine Warren	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Records: B. C. H. 4940 Eastern Avenue		ADDRESS	

18. 776X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Prematurity DUE TO Life	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-8 , 19 51 , to 11-9 , 19 51 that I last saw the deceased alive on 11-9 , 19 51 , and that death occurred at 2 A m., from the causes and on the date stated above.					
23A. SIGNATURE <i>H. Crozen</i> M. D.		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 12-10-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY B. C. H. Crematory	
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		DATE RECEIVED BY LOCAL REGISTRAR DEC 13 1951		REGISTRAR'S SIGNATURE <i>Wm. J. Williams, Jr.</i>	
25. FUNERAL DIRECTOR		ADDRESS			

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ND- 153227

BIRTH No. 10778

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51-10778

1. NAME OF DECEASED
(Type or Print)

Baby Boy Custis (Hazel)

2. DATE
OF
DEATH

Dec. 1, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION(If not in hospital or institution, give street address or location)
Baltimore City Hospitals location)

4940 Eastern Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

1208 N. Central Ave. (2)

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

Oct. 19, 1951

9. AGE (in years
last birthday)If Under 1 Year
Months: Days Hours Min.
1 1210A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Harry Custis

14. MOTHER'S MAIDEN NAME

Hazel Champlin

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT Baltimore City Hospitals
Records: 4940 Eastern Avenue

18. 760.0 I CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Birth injury to cord and brain

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

Life

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-19, 1951, to 12-1, 1951, that I last saw the
deceased alive on 12-1, 1951, and that death occurred at 11:30 pm. from the causes and on the date stated above.

23A. SIGNATURE

J. S. Poyen

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

12-11-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Cremation

24B. DATE

12-4-51

24C. NAME OF CEMETERY OR CREMATORY

B. C. H. Crematory

24D. LOCATION (City, town, or county)

4940 Eastern Avenue

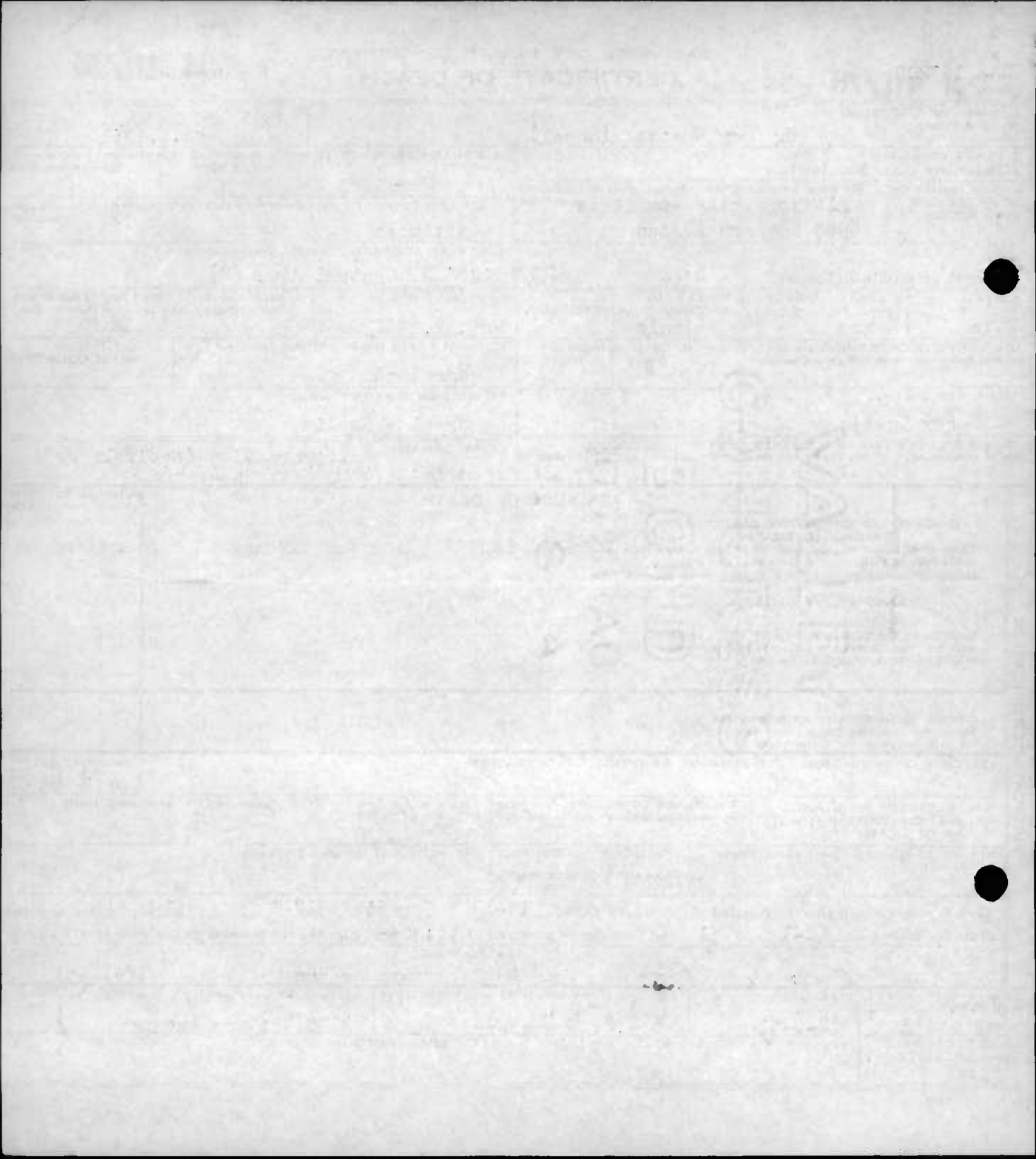
(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

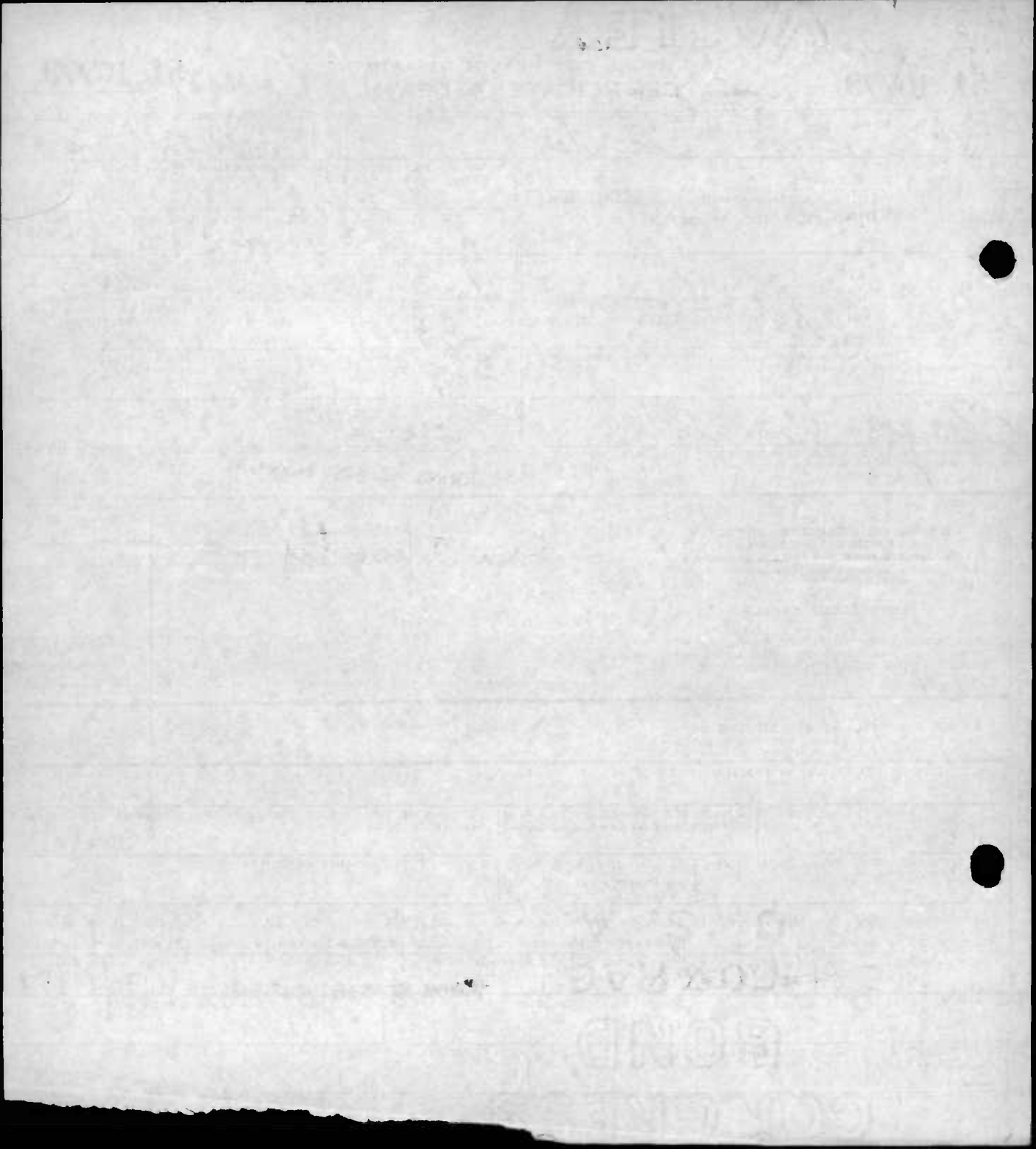
25. FUNERAL DIRECTOR

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT				Registered No. <u>51 10779</u>	
51-28958				51 10779	
BIRTH NO. <u>51 10779</u>				CERTIFICATE OF DEATH	
1. NAME OF DECEASED (Type or Print) <u>Baby Counts</u>			2. DATE OF DEATH <u>Dec. 10, 1951</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>MD</u> B. COUNTY <u>14-01</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>JOHNS HOPKINS HOSPITAL</u>			C. CITY OR TOWN <u>Baltimore</u> (If outside corporate limits, write RURAL and give township)		
c. Length of stay in Baltimore Yrs. <u>1</u> Mos. <u>0</u> Days <u>0</u>			D. STREET ADDRESS (If rural, give location) <u>1626 Linden Ave</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>12-9-51</u>		9. AGE (In years last birthday) <u>1</u> Months <u>1</u> Days <u>1</u> Hours <u>0</u> Min. <u>0</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>MD</u>		12. CITIZEN OF WHAT COUNTRY? <u>ME</u>
13. FATHER'S NAME <u>Baylis Counts</u>			14. MOTHER'S MAIDEN NAME <u>Marie</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <u>JOHNS HOPKINS HOSPITAL</u> ADDRESS		
18. <u>776X</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			CAUSE OF DEATH <u>Prematurity</u>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES			(A) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(B) DUE TO		
			(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <u>12/10/51</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>12/9, 1951</u> , to <u>12/10, 1951</u> , that I last saw the deceased alive on <u>12/10, 1951</u> , and that death occurred at <u>12 noon</u> the causes and on the date stated above.					
23A. SIGNATURE <u>J. H. Kaiser</u>		23B. ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>		23C. DATE SIGNED <u>12/11/51</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY <u>Hope Defiance</u>	
24D. LOCATION (City, town, or county) <u>159</u>		24E. DATE		24F. ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR <u>DEC 13 1951</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR <u>159</u> ADDRESS	

MEDICAL CERTIFICATION



530
1 10780BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10780

BIRTH NO.		2. DATE OF DEATH	
1. NAME OF DECEASED (Type or Print)		December 11, 1951	
OTTO WILLIAM MAX SUND			
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF HOSPITAL OR INSTITUTION		A. STATE New York	
Marine Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Staten Island	
Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 56 W. Westerville	
Yrs. Mos. Days			
5. SEX Male		8. DATE OF BIRTH Oct. 18, 1901	
6. COLOR OR RACE White		9. AGE (In years last birthday) 50	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		11. BIRTHPLACE (State or foreign country) Hamburg, Germany	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chief Engineer		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10B. KIND OF BUSINESS OR INDUSTRY Isthmian Steamship Co.			
13. FATHER'S NAME ?		14. MOTHER'S MAIDEN NAME Meta ?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	
17. INFORMANT Hospital Records		ADDRESS	
18. E 857X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carbon tetrachloride intoxication DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Ship	
21C. WHERE DID INJURY OCCUR? S.S. Steel Record, New York City		21D. TIME (Month) (Day) (Year) (Hour) of INJURY December 1951 m.	
21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? Inhaled fumes from carbon tetrachloride	
I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE William W. [Signature]		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	
23C. DATE SIGNED Dec. 12, 1951			
24A. BURIAL, CREMATION, REMOVAL (Specify) removal		24B. DATE 12/18/51	
24C. NAME OF CEMETERY OR CREMATORY Hamburg		24D. LOCATION (City, town, or county) (State) Hamburg, Germany	
DATE RECEIVED BY LOCAL REGISTRAR DEC 13 1951		25. FUNERAL DIRECTOR Hm. Cook, Inc., 1217 St. Paul Street	
REGISTRAR'S SIGNATURE [Signature]		ADDRESS	

VS 151

N 969.0

240 55

179X ✓

637
51 10781BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10781

Registered No. _____

BIRTH NO. 51-23261

1. NAME OF DECEASED
(Type or Print)

GEORGE ALLEN KORITZER

2. DATE
OF
DEATH

Dec. 12, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3007 Woodland Avenue

Yrs.
Mos.
Days

Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3007 Woodland Avenue

SEX
male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Oct. 1, 1951

9. AGE (in years
last birthday)If Under 1 Year
Months; Days
If Under 24 Hours
Hours; Min.

9 weeks

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

INFANT

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Edward Joseph Koritzer, Jr.

14. MOTHER'S MAIDEN NAME

Hilda Kessler

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give year or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

E. J. Koritzer. 3007 Woodland Ave.

18. 391.2

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Status Media

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R S Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
Dec. 13, 195124A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

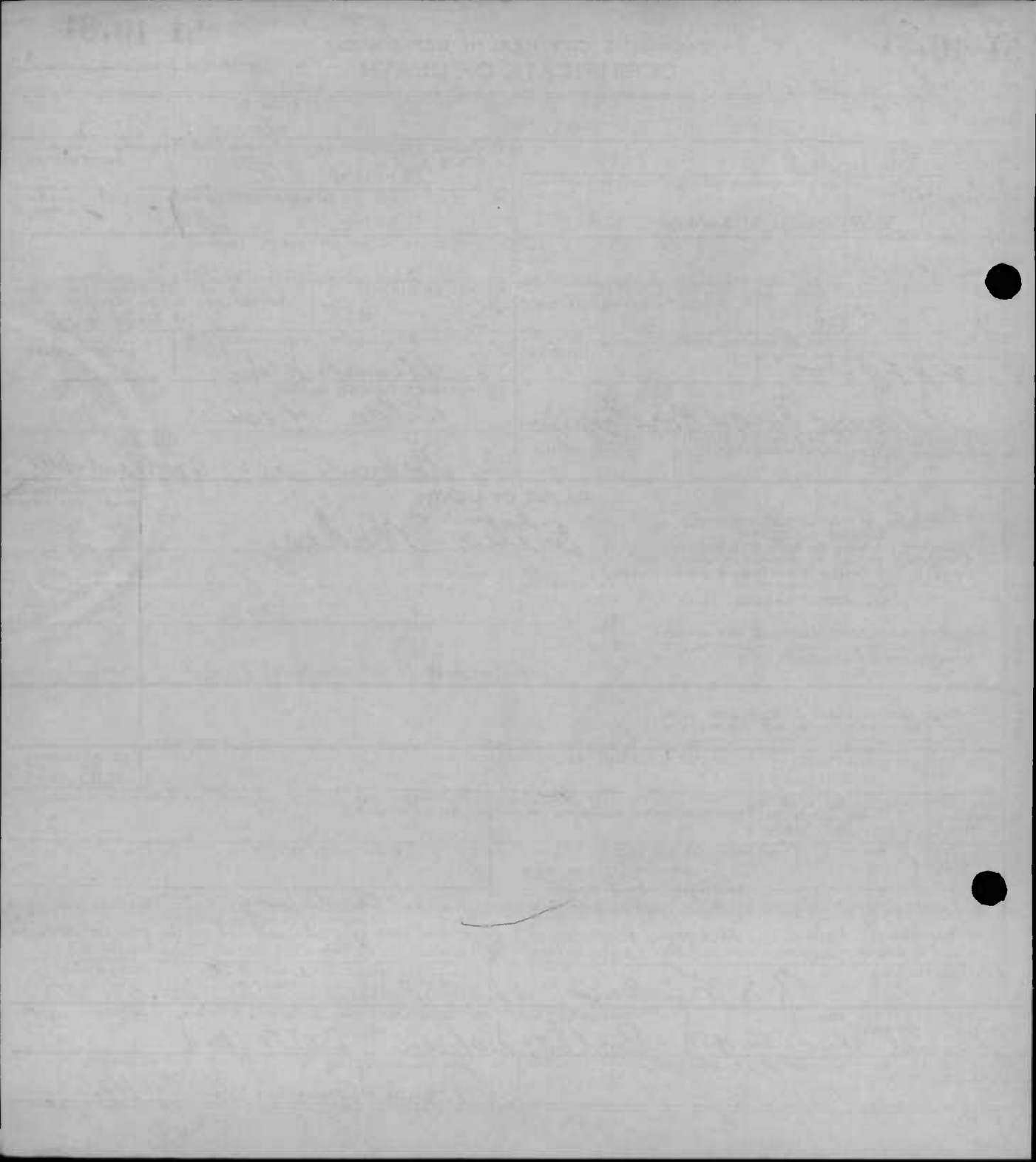
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

6 Vernon Lemmon 4611 Ph. Hgts.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 51 10782

BIRTH NO. 250
10782

1. NAME OF DECEASED (Type or Print) <u>Frank A. Logan</u>			2. DATE OF DEATH <u>December 13, 1951</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>md.</u> B. COUNTY <u>-</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>223 W. Monument St.</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>11-03</u>		
D. STREET ADDRESS (If rural, give location) <u>223 W. Monument St.</u>			E. LENGTH OF stay in Baltimore <u>-</u> Yrs. Mos. Days		
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 15-1891</u>	9. AGE (In years last birthday) <u>80</u>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bricklayer</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		
11. BIRTHPLACE (State or foreign country) <u>Cecil Co. Maryland</u>			12. CITIZEN OF WHAT COUNTRY? <u>✓</u>		
13. FATHER'S NAME <u>Francis J. Logan</u>			14. MOTHER'S MAIDEN NAME <u>Lorinda Carter</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <u>Mary E. Bradshaw</u>			ADDRESS <u>223 W. Monument St.</u>		

18. <u>002X</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) <u>Chronic bilateral pulmonary tuberculosis</u> DUE TO	INTERVAL BETWEEN ONSET AND DEATH <u>14 years</u>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) _____ DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) _____	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 9/17, 1951, to 12/13, 1951, that I last saw the deceased alive on 12/8, 1951, and that death occurred at 7:45 Am., from the causes and on the date stated above.

23A. SIGNATURE <u>W. F. Cox</u>		23B. ADDRESS <u>208 E. Preston St.</u>		23C. DATE SIGNED <u>12/13/51</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>12/17/51</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn</u>	
24D. LOCATION (City, town, or county) <u>Eastern Ave. Rd. md.</u>		24E. (State)		25. FUNERAL DIRECTOR <u>John O. Connelley</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>DEC 13 1951</u>		REGISTRAR'S SIGNATURE <u>W. F. Cox</u>		ADDRESS <u>Emex 21 - 13 B md.</u>	

ST. JOHN

CERTIFICATE OF DEATH

T-620

51 10783

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10783

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY CAROLINE TROCH

2. DATE
OF
DEATH

12/12/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

417 N. COLLINGTON AVE.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE MARYLAND

B. COUNTY

C. CITY OR TOWN

BALTIMORE

D. STREET ADDRESS (If rural, give location)

417 N. COLLINGTON AVE.

Length of stay in Baltimore

62

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

9/20/1870

9. AGE (In years,
last birthday)11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

81

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWORK

10B. KIND OF BUSINESS OR
INDUSTRY

HOME

11. BIRTHPLACE (State or foreign country)

CZECHOSLOVAKIA

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

JOSEPH BENES

14. MOTHER'S MAIDEN NAME

ANNA BENES

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

MRS. LILLIAN BENEDICT

SAME

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

(A)

CEREBRAL HEMORRHAGE

2 yrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

ARTERIOSCLEROSIS, GENERAL

DUE TO

ARTERIOSCLEROTIC C. V. DISEASE

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK22. I hereby certify that I attended the deceased from 11/21, 1951 to 12/12, 1951, that I last saw the
deceased alive on 12/12, 1951, and that death occurred at 6:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Henry J. Kousba

M. D.

333 S. EAST AVE

12/12/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

12-15-51

HOLY REDEEMER

BALTIMORE MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DATE RECEIVED BY
LOCAL REGISTRAR

for William H.

FRANK CVACH • SON 900 N. CHESTER ST

543

WEINELT

51 10784

51 10784

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Matilda R. Weinelt

2. DATE
OF
DEATH

Dec. 13 - 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 3306 Hayward Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 27-17

C. Length of stay in Baltimore

67

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

3306 Hayward Ave

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

March 1 - 1884

9. AGE (In years last birthday)

67

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at Home

11. BIRTHPLACE (State or foreign country)

Balto. Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Unknown - Reiskin

14. MOTHER'S MAIDEN NAME

Wilhelmina Wilde

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Roman Penn 2901 Ohio Ave

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Atherosclerosis C. V. D.

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

2 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Coronary Thrombosis

DUE TO

1 day

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

None

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan - 1940 to Dec 13, 1951, that I last saw the deceased alive on Nov 30, 1951, and that death occurred at 4 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Paul Schinfeld

M. D.

23B. ADDRESS

2301 Annapolis Rd

23C. DATE SIGNED

12/25/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 17 - 1951

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill Cem

24D. LOCATION (City, town, or county)

99 C. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

DEC 14 1951

REGISTRAR'S SIGNATURE

L. J. Williams, M.D.

25. FUNERAL DIRECTOR

Geo. L. Bayer Jr.

ADDRESS

1000 10

1000 1000

1000 1000

1000 1000

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1000 1000

1000 1000

51 10785

51 10785

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ALEXANDER Kushner

2. DATE
OF
DEATH

12/12/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Serai Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

MARYLAND.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 1512

D. STREET ADDRESS (If rural, give location)

2523 Shirley Avenue

Length of stay in Baltimore

13

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

9. AGE (in years
last birthday)

73

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Tailor

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTH PLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Morris

PROP (R)

14. MOTHER'S MAIDEN NAME

Not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Dora Kushner - Jane

18. 204.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Chronic lymphocytic leukemia
Neurolytic EpidemicINTERVAL BETWEEN
ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

12/11/51

19B. MAJOR FINDINGS OF OPERATION

Hemorrhagic Stenosis

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/24, 1951, to 12/12, 1951, that I last saw the
deceased alive on 12/12/51, 1951, and that death occurred at 6:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Gean Downey M. D.

23B. ADDRESS

Serai Hospital

23C. DATE SIGNED

12/12/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

12-14-51

24C. NAME OF CEMETERY OR CREMATORY

Bnai Israel

24D. LOCATION (City, town, or county) (State)

Balto Md

DATE RECEIVED BY
LOCAL REGISTRAR

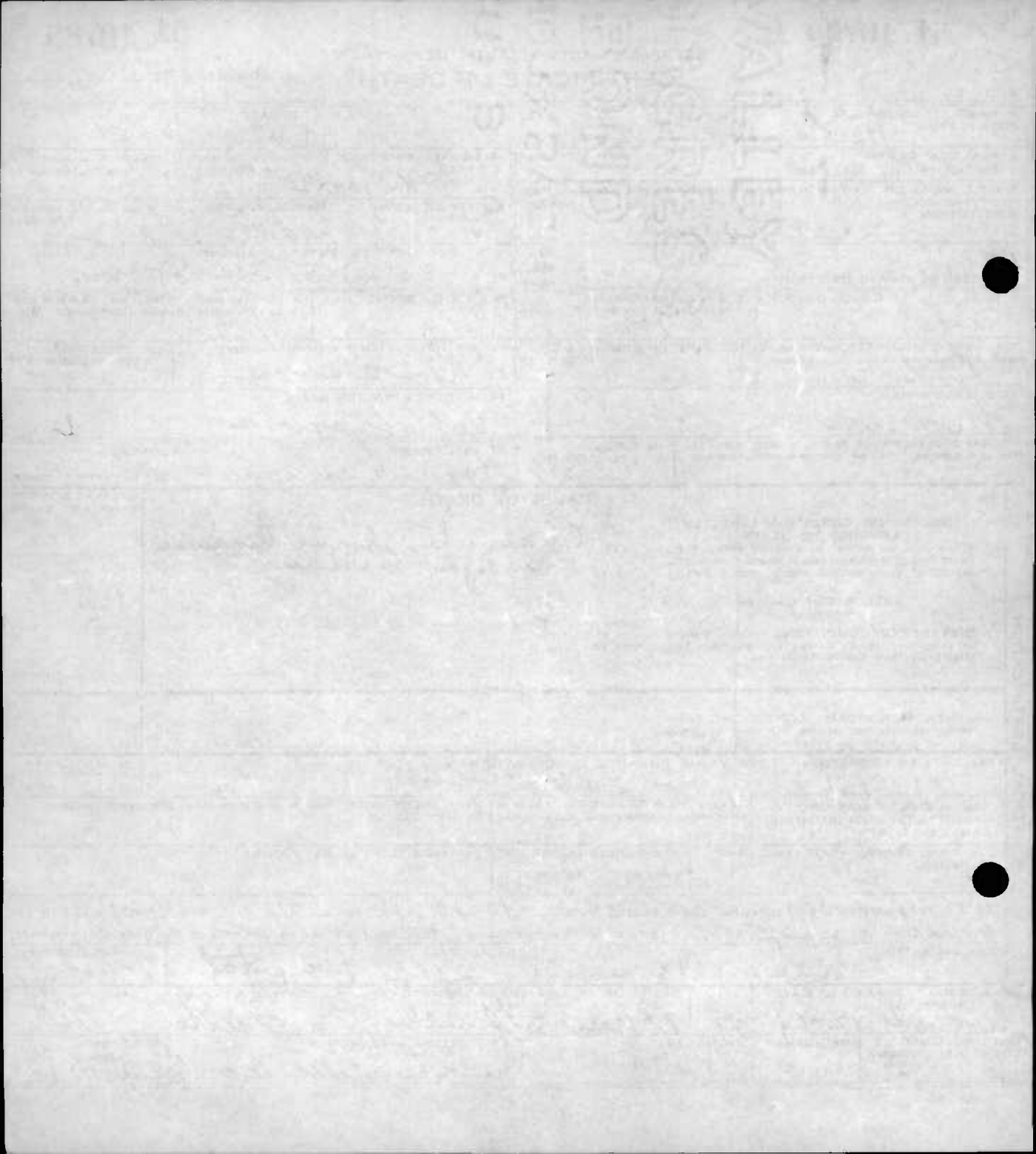
REGISTRAR'S SIGNATURE

E. J. Williams M.D.

25. FUNERAL DIRECTOR

ADDRESS

Jack Lewin 2100 Canton Rd



326

51 10786

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10786
Registered No.

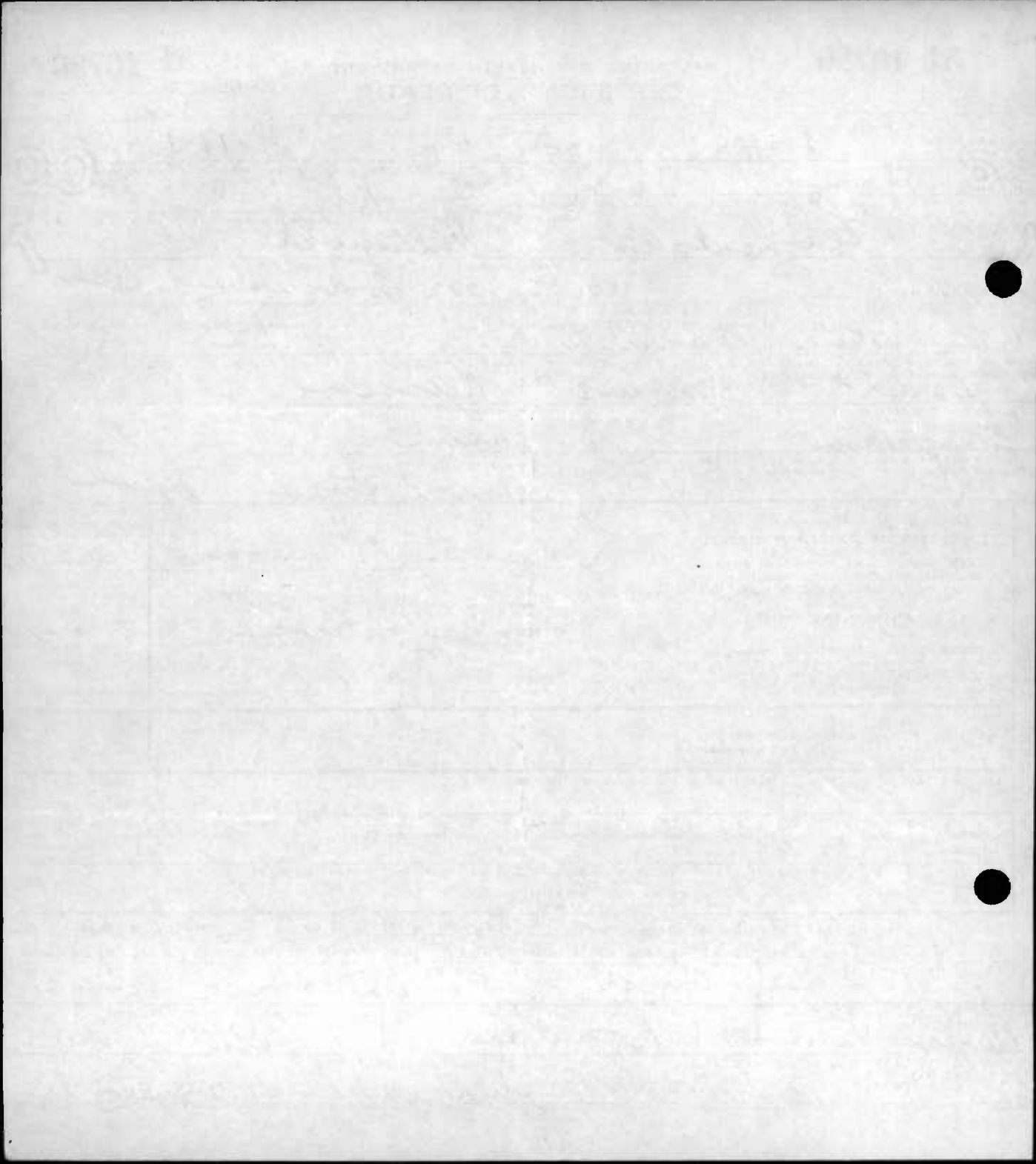
BIRTH NO.

1. NAME OF DECEASED (Type or Print) ISAAC SETZER		2. DATE OF DEATH 12-13-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Levin dale		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore 15-10	
C. Length of stay in Baltimore 50 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 4032 Bowman Ave	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7-2
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Presser		10B. KIND OF BUSINESS OR INDUSTRY Clothing	9. AGE (In years last birthday) 72 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
11. BIRTHPLACE (State or foreign country) Russia		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Benjamin		14. MOTHER'S MAIDEN NAME Leah	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Samuel Setzer -		ADDRESS Same	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary thrombosis	CAUSE OF DEATH (A) Coronary thrombosis DUE TO (B) Coronary sclerosis DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH 10 minutes Years
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from October 15, 1941 , to 12-13 , 19 51 , that I last saw the deceased alive on 12-13 , 19 51 , and that death occurred at 10 p.m., from the causes and on the date stated above.					
23A. SIGNATURE Henry Nagel M. D.		23B. ADDRESS Levin dale Home		23C. DATE SIGNED 12-13-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12-14-51		24C. NAME OF CEMETERY OR CREMATORY Rosedale	
		24D. LOCATION (City, town, or county) Balto Md		(State)	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Winston Williams, M.D.		25. FUNERAL DIRECTOR Jack Lewis Inc ADDRESS 2100 Canton Pl	



322
51 10787BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10787
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Nannie Soper Hotchkiss

2. DATE
OF
DEATH

Dec-13 th, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2327 N. Charles St

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR Melchor Nursing Home

C. Length of stay in Baltimore

75

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2216 St Paul St

8. DATE OF BIRTH

Oct 22-1876

9. AGE (In years last birthday)

75

10. Under 1 Year
Months: Days: Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Joseph I. Hotchkiss

14. MOTHER'S MAIDEN NAME

Mary F. Soper

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, state unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL SECURITY NO.

213-03-6550

17. INFORMANT

ADDRESS

Miss Lula F. Hollenberry-2611 Garrison
Boulevard

18. 420.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) arteriosclerotic heart disease

sev mos

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

decubitus ulcers buttocks

sev weeks

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from 11-12, 1951, to 12-13, 1951, that I last saw the deceased alive on 12-12, 1951, and that death occurred at 12:30 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

2121 MARYLAND AVENUE

12-13-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec 15-1951

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, M.D.

2224 N. Charles St

100-1-100

100-1-100

100-1-100

100-1-100

100-1-100

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300
51 10788BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10788
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) MARY JOHNSON SCOTT.		2. DATE OF DEATH 12-12-51	
3. PLACE OF DEATH A. Baltimore City, Maryland 1315 MYRTLE AVE		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE BALTIMORE B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 1315 MYRTLE AVE. 17-02			
C. Length of stay in Baltimore 55		D. STREET ADDRESS (If rural, give location)			
5. SEX FEMALE	6. COLOR OR RACE COL	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 5/21/87	9. AGE (In years last birthday) 64	10. Under 1 Year Months: Days 11 Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME WORK		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) VIRGINIA	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME STEPHEN SMITH VA.		14. MOTHER'S MAIDEN NAME JANIE ? VA.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS NATHANIEL JOHNSON, 1315 MYRTLE AVE.	
18. 334X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Coronary Thrombosis		6 hrs	
DUE TO		(B) Cerebral Cystoplexy		4 days	
DUE TO		(C)			
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? A	
22. I hereby certify that I attended the deceased from 12/10 , 19 51 , to 12/12 , 19 51 , that I last saw the deceased alive on 12/12 , 19 51 , and that death occurred at 6:40 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE H. P. Hughes		23B. ADDRESS 825 N. Fremont Ave.		23C. DATE SIGNED 12/14/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 12-15-51		24C. NAME OF CEMETERY OR CREMATORY ARBUTUS MEM PARK	
24D. LOCATION (City, town, or county) ARBUTUS, Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR DEC 14 1951		24F. REGISTRAR'S SIGNATURE William A. Jackson	
24G. FUNERAL DIRECTOR WILLIAM A. JACKSON		24H. ADDRESS 916 PENNA. AVE.			

10-10-51

CERTIFICATE OF DEATH

10-10-51

JOHN J. JAMES

White Ave

CHICAGO

White Ave

10-10-51

WIDOW

10-10-51

VA

10-10-51

VA

JOHN J. JAMES

10-10-51

JOHN J. JAMES

10-10-51

10-10-51

10-10-51

10-10-51

10-10-51

10-10-51

JOHN J. JAMES

10-10-51

51 10789

51 10789

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Walker, Agnes

2. DATE
OF
DEATH

12.12.57

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Provident Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Balto.

14-02

D. STREET ADDRESS (If rural, give location)

1502 Brunt St.

C. Length of stay in Baltimore

16

Yrs.
Mos.
Days

5. SEX

Female Colored

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

5.1.1910

9. AGE (In years,
last birthday)

47

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

At home

11. BIRTHPLACE (State or foreign country)

Arundel Co. Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Joshua Holland

14. MOTHER'S MAIDEN NAME

Emma Nick

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

James Holland Churchtown, Md.

18. 493X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Chr. Cong Heart Failure

DUE TO

ANTECEDENT CAUSES

(B)

Pneumonia

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

Pyopneumothorax at rg. side

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

INJURY

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 11.8.1957, to 12.12.1957, that I last saw the
deceased alive on 12.12.1957, and that death occurred at 11 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Leonidensis

- M. D.

23B. ADDRESS

Provident Hospital

23C. DATE SIGNED

12.12.57

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

12-15-51

Mt. Calvary Cemetery

Arundel Co.

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 14 1951

Ruthington Williams, Md.

Rudolph J. Collick 1532 E. Biddle St.

What was the cause
underlying the pyopneumothorax
tuberculosis?

heart & pulmonary edema - tapped?

Then?

no answer to query 3/11/5 ✓

51 10790

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10790
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Julia Trawinski

2. DATE
OF
DEATH Dec. 12, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Md.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE Maryland B. COUNTY Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

18 N. Linwood Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore, Maryland 6-01

D. STREET ADDRESS (If rural, give location)

18 N. Linwood Ave.

c. Length of stay in Baltimore

55 yrs.

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years,
last birthday)If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Dec. 29, 1886

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Joseph Marszalek

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT ADDRESS
Joseph Trawinski 18 N. Linwood Ave

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Pulmonary edema*
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Myocardial Cardiac vascular Dis*
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from June 1951, to Dec. 12, 1951, that I last saw the
deceased alive on Dec. 12, 1951, and that death occurred at 8:30 pm, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Dec. 17, 1951

Holy Rosary Cemetery

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 14 1951

William H. Williams, M.D.

B. Dabrowski 2818 E. Baltimore St.

Mrs. Julia Travinick
 Baltimore, Md.
 15 N. Linwood Ave.
 35 yrs.
 Dec. 20, 1896
 Joseph Travinick
 15 N. Linwood Ave.
 35 yrs.
 Dec. 20, 1896
 Joseph Travinick
 15 N. Linwood Ave.
 35 yrs.
 Dec. 20, 1896

Dec. 17, 1901
 Joseph Travinick
 15 N. Linwood Ave.
 35 yrs.
 Dec. 20, 1896

639
VG-153958

51 10791

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10791

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sarah Ward

2. DATE

OF DEATH Dec. 12, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION(If not in hospital or institution, give street address or location)
Baltimore City Hospitals
4940 Eastern Avenue4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE

Maryland

B. COUNTY

(before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

4-01

D. STREET ADDRESS (If rural, give location)

404 W. Saratoga Street

Length of stay in Baltimore

50

Yrs.

MOS

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Sept. 19, 1865

9. AGE (in years
last birthday)

86

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Registered Nurse

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

West Virginia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Ward

14. MOTHER'S MAIDEN NAME

Bridget MacCormick

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Baltimore City Hospitals
Records: 4940 Eastern Avenue18. 491X and E900.0
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Broncho pneumonia

DUE TO

CERTIFICATION APPROVED BY

William H. Smith M.D.
CHIEF OR ASST. MEDICAL EXAMINER.INTERVAL BETWEEN
ONSET AND DEATH

6 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Fractured left hip

1 month

19A. DATE OF OPERATION

11-19-1951

19B. MAJOR FINDINGS OF OPERATION

Fracture of neck of left femur - S - P nail

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)
Home21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

404 W. Saratoga St.

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

11-11-51

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Missed step and fell to floor
Fell22. I hereby certify that I attended the deceased from 11-15-, 1951, to 12-12-, 1951, that I last saw the
deceased alive on 12-12-, 1951, and that death occurred at 4:45 P. M., from the causes and on the date stated above.

23A. SIGNATURE

J. H. Cohen M.D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

12-13-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/17/51

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

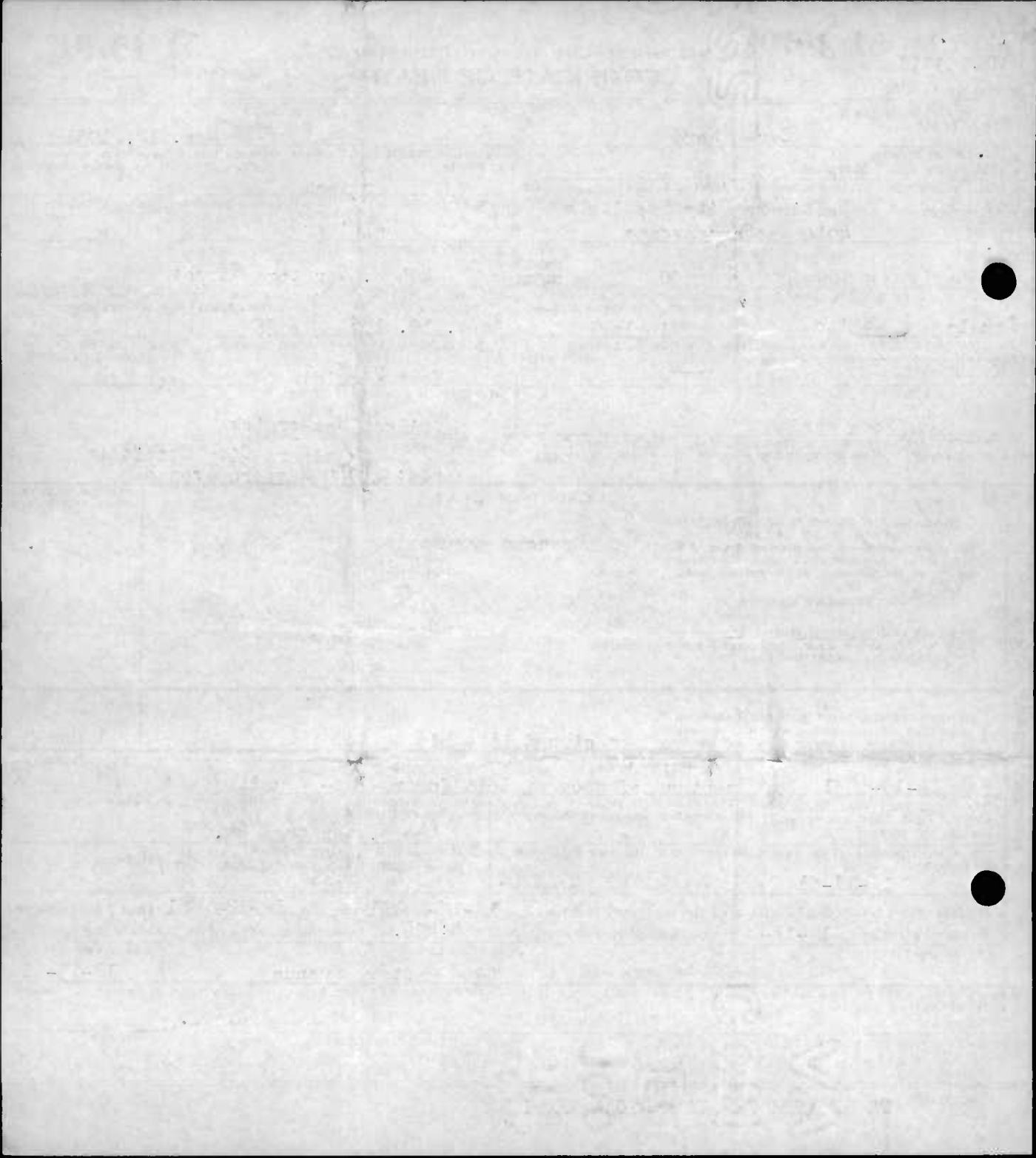
VS 150

TO BE APPROVED BY MEDICAL EXAMINER

N-820.0

186a

MEDICAL CERTIFICATION

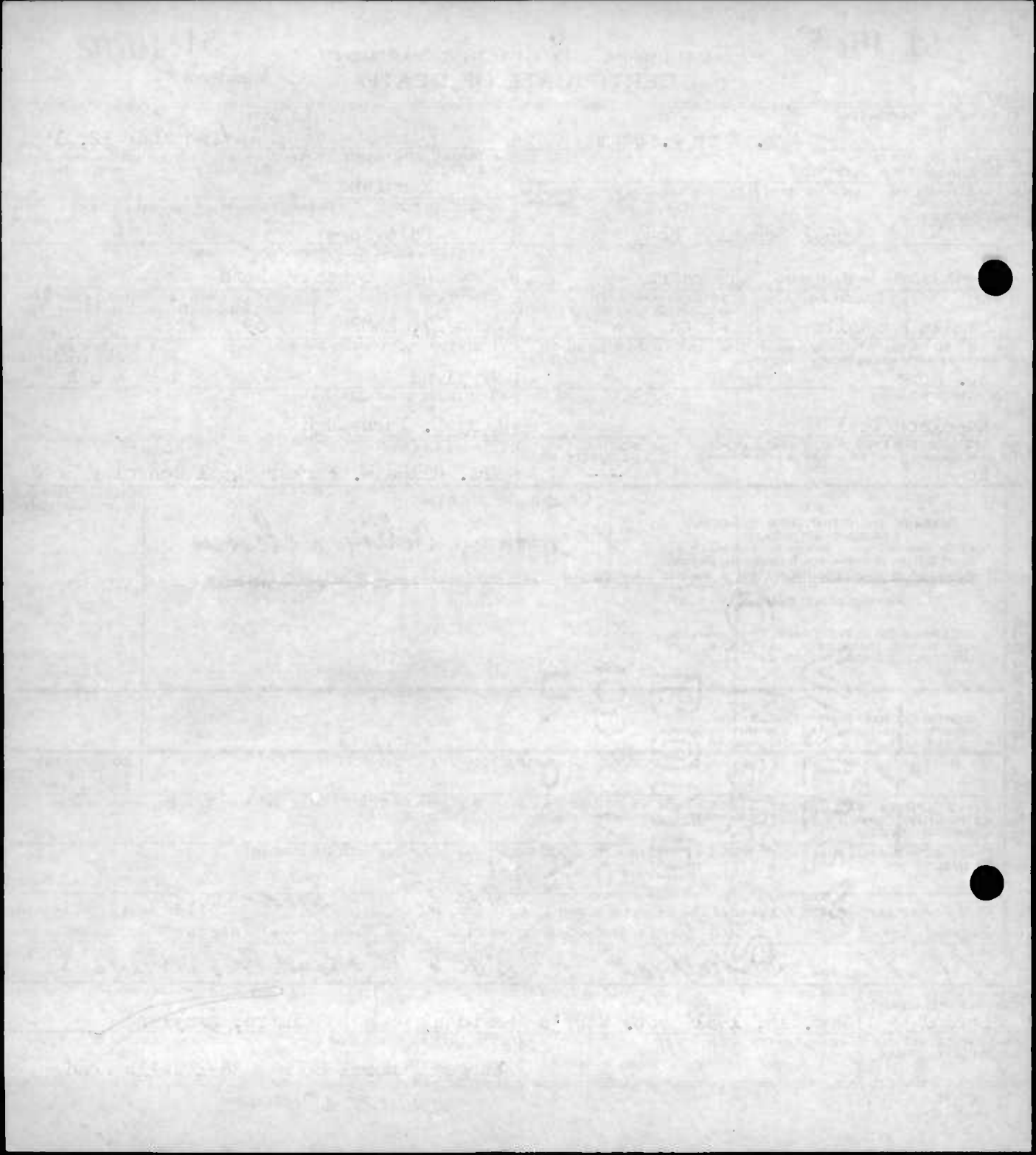


500
51 10792BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10792
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Mrs. Mary F. Beam		2. DATE OF DEATH December 12, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 4531 Schenley Road		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-14			
Length of stay in Baltimore 45 years		D. STREET ADDRESS (If rural, give location) 4531 Schenley Road			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH June 17, 1882	9. AGE (In years last birthday) 69	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Napoleon Teal		14. MOTHER'S MAIDEN NAME Mary L. Turnbaugh		12. CITIZEN OF WHAT COUNTRY? U S A	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs. Hilda M. Parker 4531 Schenley Road	
18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Coronary Artery Sclerosis DUE TO INTERVAL BETWEEN ONSET AND DEATH					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1946, 19, to Dec, 1951, that I last saw the deceased alive on Dec 12, 1951, and that death occurred at 6:25 P. M., from the causes and on the date stated above.					
23A. SIGNATURE William L. Helbeck		23B. ADDRESS 3006 Roland Ave		23C. DATE SIGNED 12-13-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec. 15, 1951		24C. NAME OF CEMETERY OR CREMATORY St. Mary's (Hampden)	
DATE RECEIVED BY LOCAL REGISTRAR DEC 14 1951		REGISTRAR'S SIGNATURE Huntington Williams, Jr.		25. FUNERAL DIRECTOR ADDRESS Burgee Funeral Home 3631 Falls Road	

Norace F. Burgee

94a



51 10793

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10793

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Pelagia M. Rosiak

2. DATE
OF
DEATH

Dec. 12/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

1612 Fleet St

B. FULL NAME OF
HOSPITAL OR
INSTITUTION4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1612 Fleet St

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

9. AGE (In years,
last birthday)

81

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

House work

11. BIRTHPLACE (State or foreign country)

Poland.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

J. Ranski

14. MOTHER'S MAIDEN NAME

Stank

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT
P. Rosiak 1612 Fleet St

18. 794X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

Senility

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 19, 1950, to Dec. 12, 1951, that I last saw the
deceased alive on Dec. 11, 1951, and that death occurred at 10³⁵ a. m., from the causes and on the date stated above.

23A. SIGNATURE

Sigmond R. Nowak

M. O.

23B. ADDRESS

408 S. Patt. Ph. Gr.

23C. DATE SIGNED

12/14/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 15/51

24C. NAME OF CEMETERY OR CREMATORY

St. Stanislaus

24D. LOCATION (City, town, or county) (State)

Baltimore

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Fred H. Ozajewski

ADDRESS

1930 Eastern Ave

162B

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BIRTH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF MARRIAGE

NAME OF SPOUSE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BIRTH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF MARRIAGE

NAME OF SPOUSE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BIRTH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF MARRIAGE

NAME OF SPOUSE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BIRTH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF MARRIAGE

NAME OF SPOUSE

DATE OF DEATH

PLACE OF DEATH

51 10794

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

51 10794

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

ALBERT H. HOMBURG, SR.?

2. DATE
OF
DEATH

Dec. 11, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 3006 Clifton Park Ter.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3006 Clifton Park Terrace

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

Male

White

Widowed

May 9, 1895

56

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

Shoe salesman

Retail store

Baltimore, Md.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Adolph Homburg

Louise

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Dorothy Roben 2932 Clifton Park Ter.

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

few minutes

year

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 1936, 19, to 12-11, 1951, that I last saw the
deceased alive on Nov 14, 1951, and that death occurred at 2000 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

12/14, 51

Moreland Memo. Park

Parkville, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

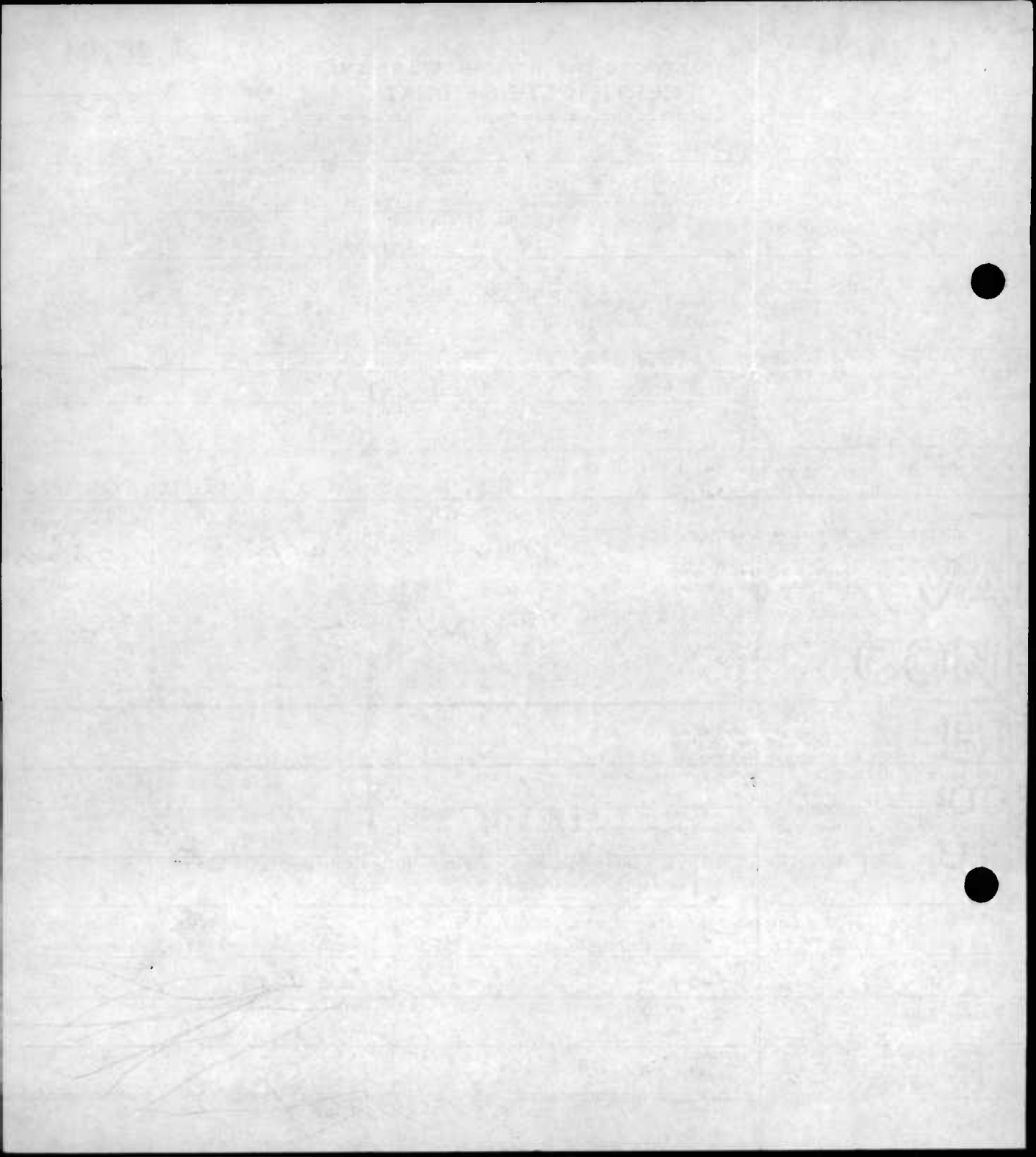
25. FUNERAL DIRECTOR

ADDRESS

DEC 14 1951

E. L. Williams, M.D.

Ullrich Funeral Home 7008 Orleans St.



51 10795

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10795
Registered No.

BIRTH NO. 50-13559

1. NAME OF DECEASED
(Type or Print)

SANDRA

ARTHUR

2. DATE
OF
DEATH

December 11, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Baltimore City Hospital

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 26-07

D. STREET ADDRESS (If rural, give location)

515 S. Lehigh Street

E. Length of stay in Baltimore

Yrs.
Mos.
Days

6. COLOR OR RACE

Female

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

July 4, 1950

9. AGE (in years
last birthday)

17

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balt

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Douglas E Arthur

14. MOTHER'S MAIDEN NAME

Marion Hitchcock

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Douglas E Arthur 515 S. Lehigh

18. E 882.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hemorrhagic bronchopneumonia

DUE TO aspiration of carbon tetrachloride

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

515 S. Lehigh Street

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Dec. 11, 1951 4:00 P.m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Accidentally ingested carbon chloride tetra-

I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William W. Smith

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Dec. 12, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/15/51

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cem

24D. LOCATION (City, town, or county) (State)

Balt Co Md

DATE RECEIVED BY
LOCAL REGISTRAR

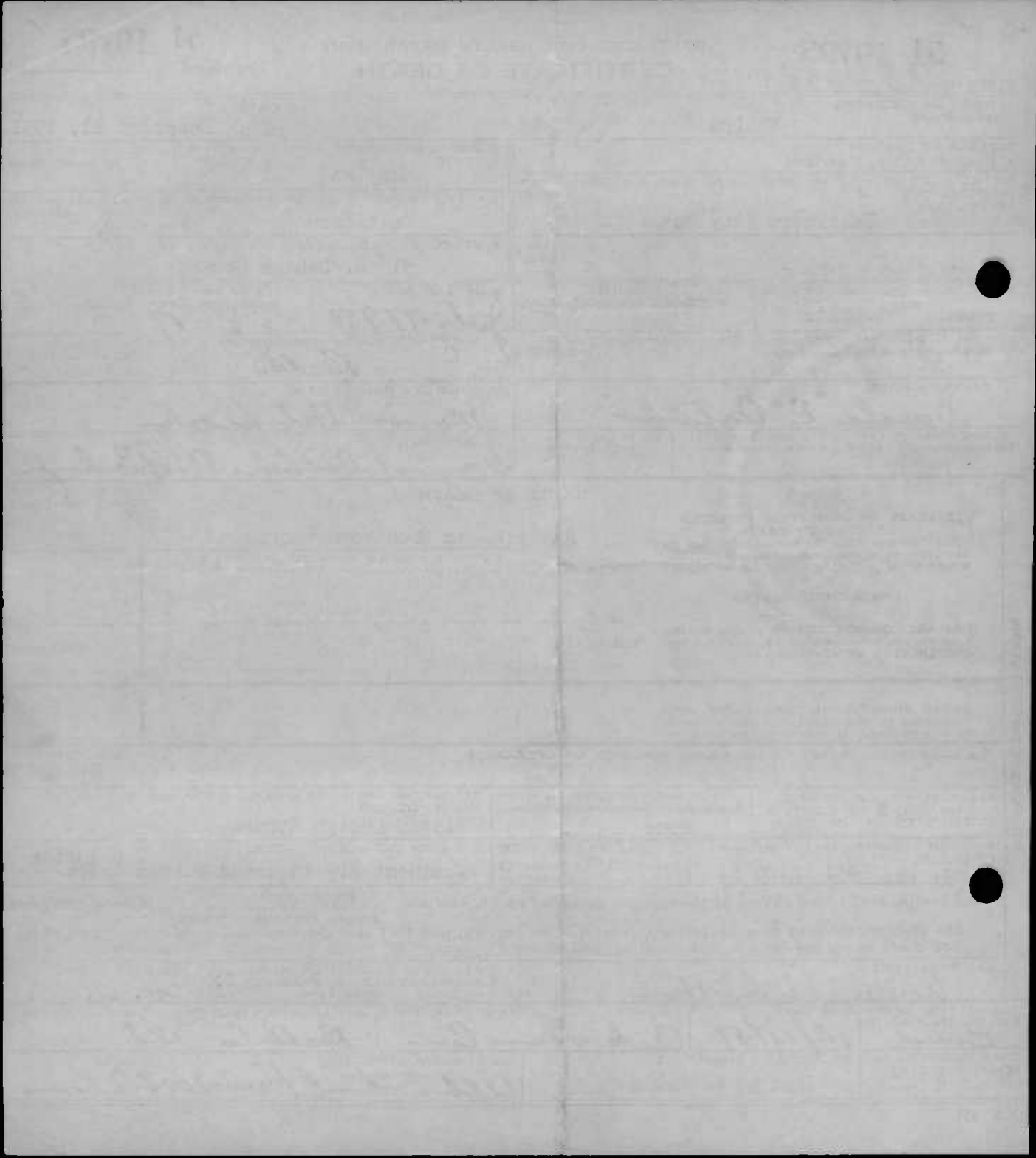
REGISTRAR'S SIGNATURE

William W. Smith

25. FUNERAL DIRECTOR

ADDRESS

William W. Smith Home 2608 Chelms



563

51 10796

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10796
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARGIE A. CONARD

2. DATE
OF
DEATH

Dec 14, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Delaware

B. COUNTY

V-07

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Wilmington

D. STREET ADDRESS (If rural, give location)

512 W. 6th St.

8. DATE OF BIRTH

March 15, 1884

9. AGE (in years last birthday)

67

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Inspector

10B. KIND OF BUSINESS OR INDUSTRY

Hosiery Mill

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

John Conard

14. MOTHER'S MAIDEN NAME

Moria Demoiry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 204.4

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Stem cell leukemia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., io or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 25, 1951, to Dec 14, 1951, that I last saw the deceased alive on Dec 14, 1951, and that death occurred at 1:05 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Robert A. Moore, Jr.

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

Dec. 14, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

12/14/51

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

HARRERS FERRY, VA.

DATE RECEIVED BY LOCAL REGISTRAR

DEC 14 1951

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Dickner & Sons

ADDRESS

10000

RECEIVED BY THE
OFFICE OF THE
SECRETARY OF THE
NAVY

10000

RECEIVED
OFFICE OF THE
SECRETARY OF THE
NAVY

315 51 10797

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10797
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Elsie Mae Stevenson		2. DATE OF DEATH Dec. 13, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Baltimore, Md. B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION 303 W. Hoffman Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
6. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 303 W. Hoffman St.	
7. SEX F	8. COLOR OR RACE Negro	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	10. DATE OF BIRTH Nov. 9, 1888
11. AGE (in years last birthday) 63	12. H Under 1 Year Months: Days	13. H Under 24 Hours Hours: Min.	14. BIRTHPLACE (State or foreign country) Baltimore, Maryland
15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed		16. KIND OF BUSINESS OR INDUSTRY	
17. FATHER'S NAME John Dennis		18. MOTHER'S MAIDEN NAME Florence Dennis	
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		20. SOCIAL SECURITY NO. None	
21. INFORMANT Elsie Salvador		22. ADDRESS 303 W. Hoffman St.	

23. 151X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of Stomach	24. CAUSE OF DEATH (A) Carcinoma of Stomach DUE TO (B) DUE TO (C)	25. INTERVAL BETWEEN ONSET AND DEATH History indefinite
26. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
27. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

28. DATE OF OPERATION 12/15/51		29. MAJOR FINDINGS OF OPERATION		30. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
31. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		32. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		33. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
34. TIME (Month) (Day) (Year) (Hour) OF INJURY		35. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		36. HOW DID INJURY OCCUR?	
37. I hereby certify that I attended the deceased from Nov. 2, 1951 , to Dec. 13, 1951 , that I last saw the deceased alive on Dec 13, 1951 , and that death occurred at 8:50 a.m. , from the causes and on the date stated above.					
38. SIGNATURE Dr. Garland Phillips		39. ADDRESS 1534 Druid Hill Ave.		40. DATE SIGNED Dec. 14, 1951	
41. BURIAL, CREMATION, REMOVAL (Specify) Burial		42. DATE 12/15/51		43. NAME OF CEMETERY OR CREMATORY Arbutus Memorial Park	
44. LOCATION (City, town, or county) Arbutus, Md.		45. FUNERAL DIRECTOR Charles R. Law		46. ADDRESS 802 Mad. Ave.	
47. DATE RECEIVED BY LOCAL REGISTRAR DEC 14 1951		48. REGISTRAR'S SIGNATURE Charles R. Law		49. ADDRESS 802 Mad. Ave.	

VS 150

4613

MEDICAL CERTIFICATION

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550

51 10798

REA-69475

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10798

Registered No. _____

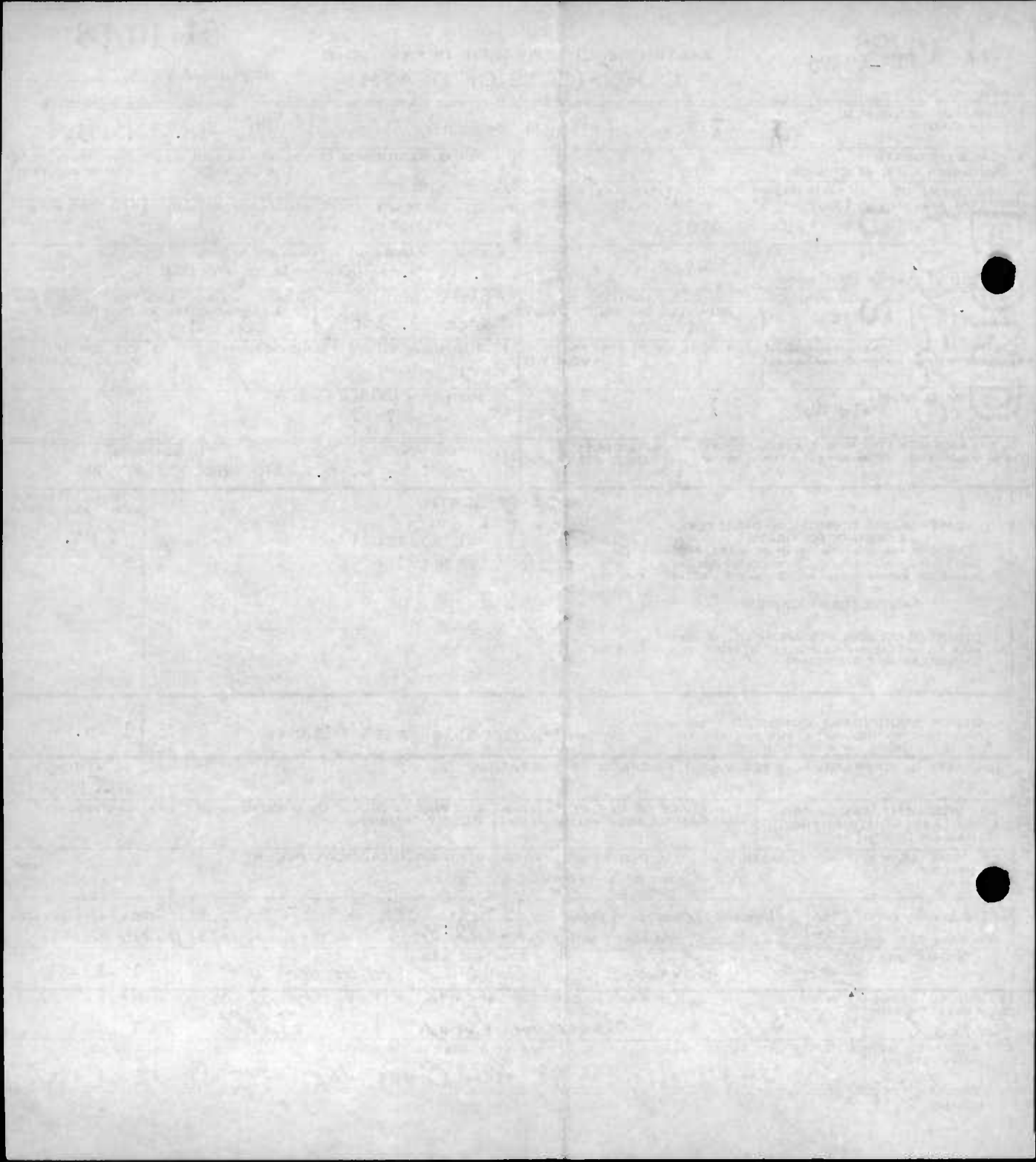
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Ellanora Bannan (Eleanor Bannon)		2. DATE OF DEATH Dec. 12, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-12	
D. STREET ADDRESS (If rural, give location) B. C. H. 4940 Eastern Avenue			
5. SEX Female		6. COLOR OR RACE White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH March 30, 1865	
9. AGE (in years last birthday) 86		10. Under 1 Year: Months _____ Days _____ 11. Under 24 Hours: Hours _____ Min. _____	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Lewis Rush (D)		14. MOTHER'S MAIDEN NAME ? ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. _____	
17. INFORMANT Records: B. C. H. 4940 Eastern Avenue		ADDRESS	

18. 570.5 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Intestinal obstruction (A) cause undetermined DUE TO _____		INTERVAL BETWEEN ONSET AND DEATH 1 wk.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ DUE TO _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Arteriosclerotic Heart Disease		1 Yr.

19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 10-20 , to 12-12 , 19 51 , that I last saw the deceased alive on 12-12 , 19 51 and that death occurred at 9:30 p. m., from the causes and on the date stated above.				
23A. SIGNATURE R. L. Boyer		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 12-13-51

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12/15/51	24C. NAME OF CEMETERY OR CREMATORY Landon Park	24D. LOCATION (City, town, or county) (State) Balto. Md.
DATE RECEIVED BY LOCAL REGISTRAR DEC 14 1951		REGISTRAR'S SIGNATURE for Williams, M.	
25. FUNERAL DIRECTOR Wm Cook Inc. 1217 St. Paul St.		ADDRESS	



51 10799

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10799

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JAMES COLEMAN

2. DATE
OF
DEATH Dec. 13, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

University Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

19-02

D. STREET ADDRESS (If rural, give location)

1730 W. Lexington Street

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug. 14, 1896

9. AGE (In years

last birthday)

56

11 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

gen

11. BIRTHPLACE (State or foreign country)

Stanford Va.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Joseph H Coleman

14. MOTHER'S MAIDEN NAME

Betty Lowe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mary Coleman W. Lexington St

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. S. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐

23C. DATE SIGNED

Dec. 13, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 151

97099

93D ✓

MEDICAL CERTIFICATION

322 51 10800

51 10800

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Columbus Cornelious Stokes

2. DATE
OF
DEATH

Dec. 10, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Joseph's Hospital

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1627 W. Fayette St.

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Oct. 10, 1906

9. AGE (In years
last birthday)

45

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Cement laborer?

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Cornelious Stokes

14. MOTHER'S MAIDEN NAME

Catherine Burrell

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Charles Stokes Harbor Ave 1701

18. 581.0 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Retroperitoneal hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Infarction of the spleen

DUE TO

(C) Cirrhosis of the liver

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/3/, 1951, to 12/10/, 1951, that I last saw the
deceased alive on 12/10/, 1951, and that death occurred at 12:50 P.M. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

1400 N. Caroline Street

23C. DATE SIGNED

12/10/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

12/15/1951

24C. NAME OF CEMETERY OR CREMATORY

Mt. Zion Cmn

24D. LOCATION (City, town, or county) (State)

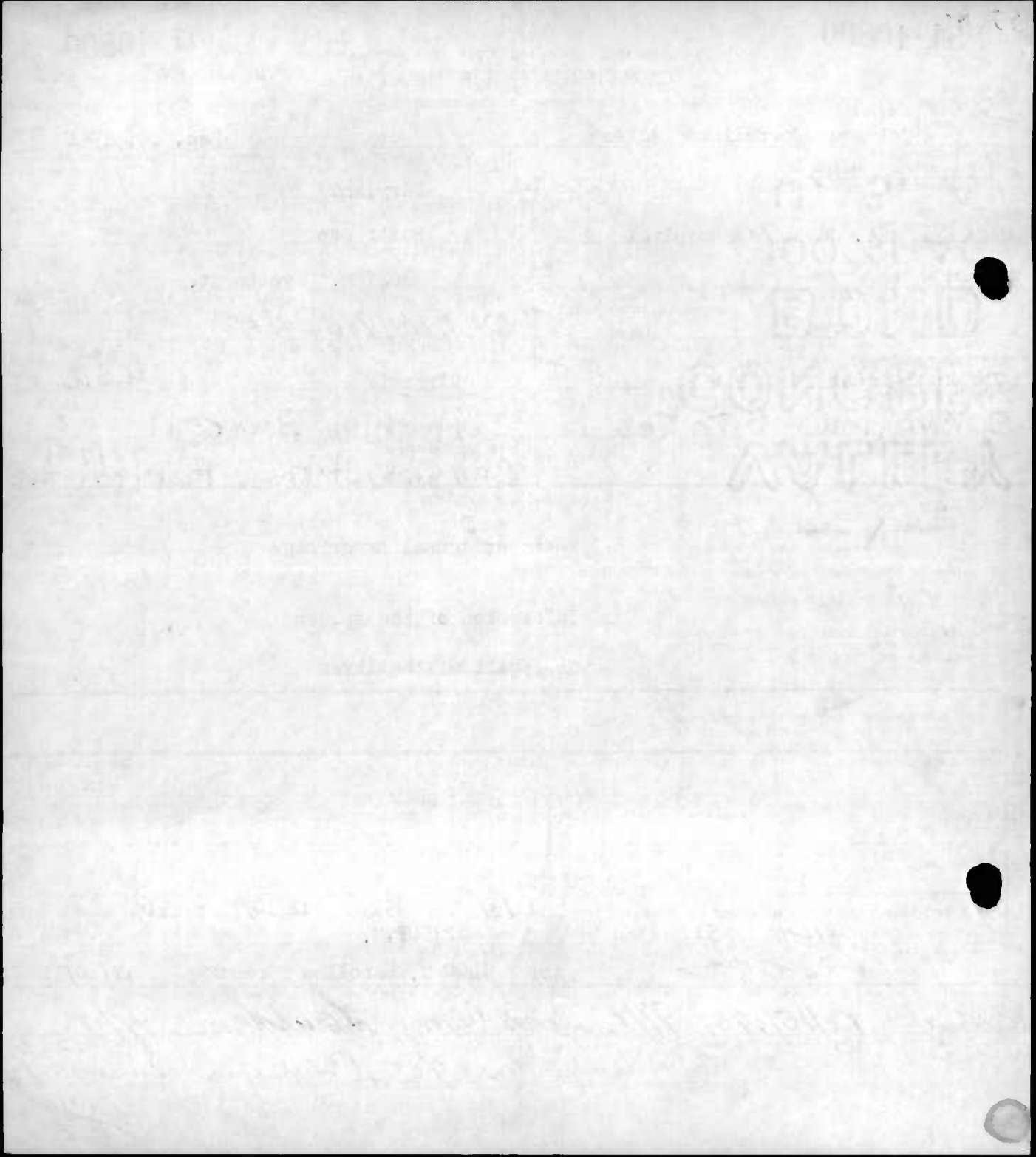
Lansdowne Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



560
1 10801BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10801

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANTON PANIERE

2. DATE
OF
DEATH

12-13-57

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

UNIVERSITY HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

MD

B. COUNTY

Q. ANN

C. CITY OR TOWN

MARYDELL

D. STREET ADDRESS (If rural, give location)

6700

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

B. DATE OF BIRTH

Aug. 5, 1913

9. AGE (In years
last birthday)

39

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

FARMER

10B. KIND OF BUSINESS OR
INDUSTRY

FARMING

11. BIRTHPLACE (State or foreign country)

ILLINOIS

12. CITIZEN OF
WHAT COUNTRY?

US

13. FATHER'S NAME

MARCO PANIERE

14. MOTHER'S MAIDEN NAME

ANNA ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

?

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

unknown

17. INFORMANT

ADDRESS

John Panier Sudherville md

18. 002X 1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

TUBERCULOUS MENINGITIS

8 DAYS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

PULMONARY TUBERCULOSIS

10 YRS. +

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

M.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-12 1957 to 12-13 1957 that I last saw the
deceased alive on 12-13 1957 and that death occurred at 2:55 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

University Hospital

12-14-57

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

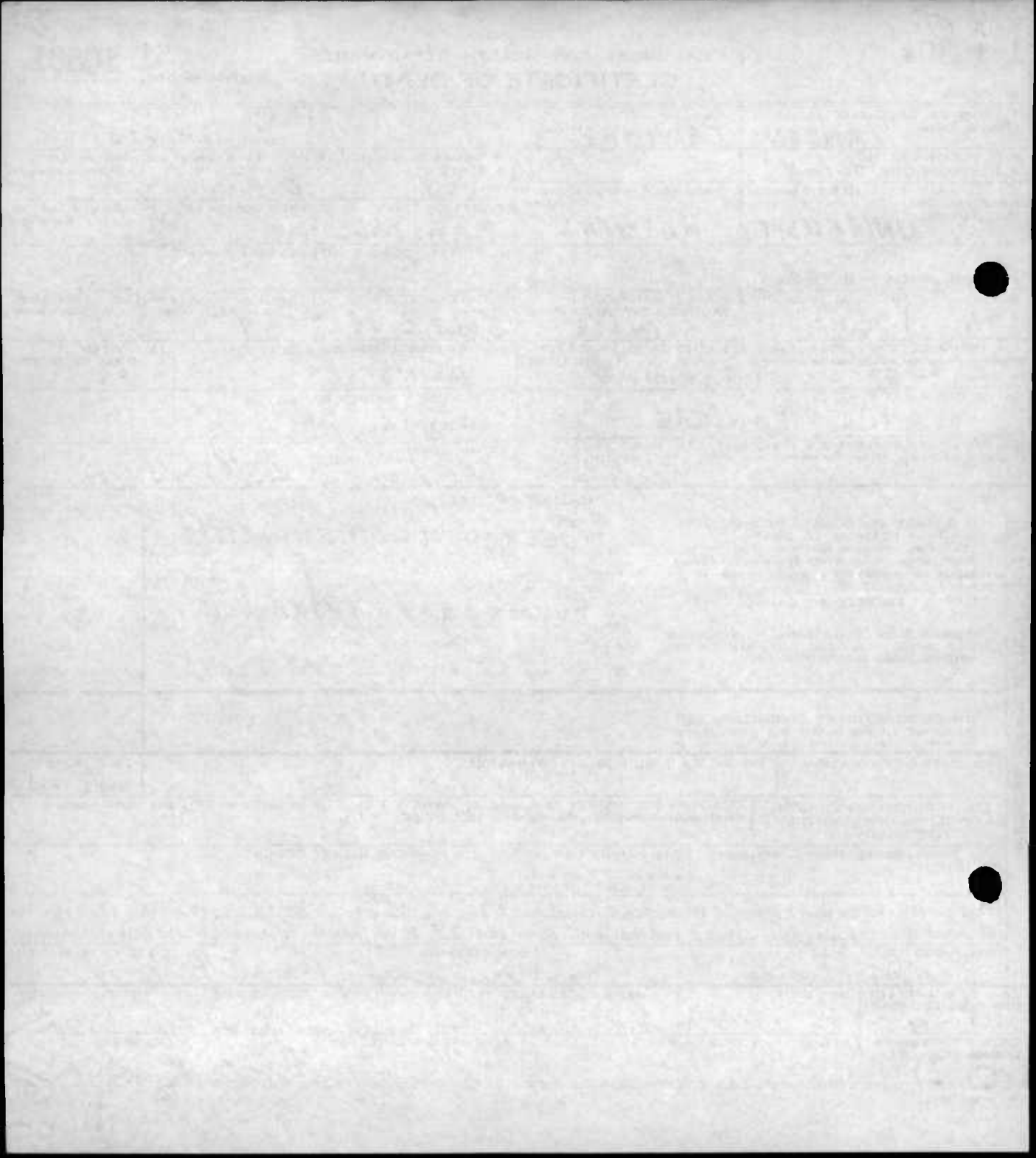
ADDRESS

VS 150

10010

1313

MEDICAL CERTIFICATION



155
51 10802
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

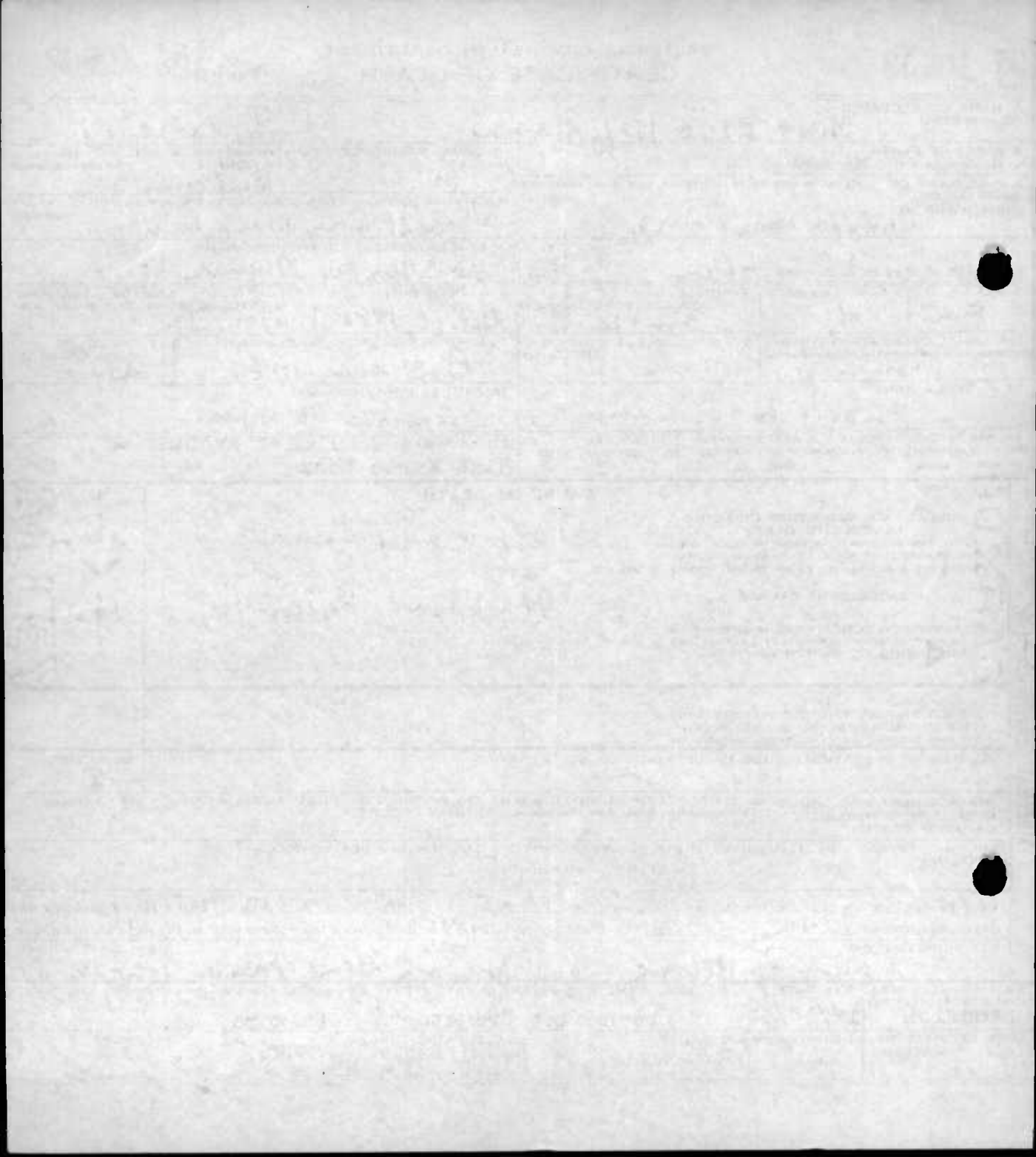
Registered No. 51 10802

1. NAME OF DECEASED (Type or Print) Miss Else Hoffmann			2. DATE OF DEATH 12-12-51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION Church Home Hosp.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, Maryland		
C. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 10 Chesley Avenue		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Oct. 10, 1886	9. AGE (in years last birthday) 65	If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Baltimore, MD.		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Louis Hoffmann			14. MOTHER'S MAIDEN NAME Emma Dehler		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -			16. SOCIAL SECURITY NO. -		
			17. INFORMANT 2801 List Avenue Miss Marie Laux		

1B. 492X	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Pulmonary Edema		2 Jan
ANTECEDENT CAUSES	(B) Atypical Pneumonia		4 wks.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

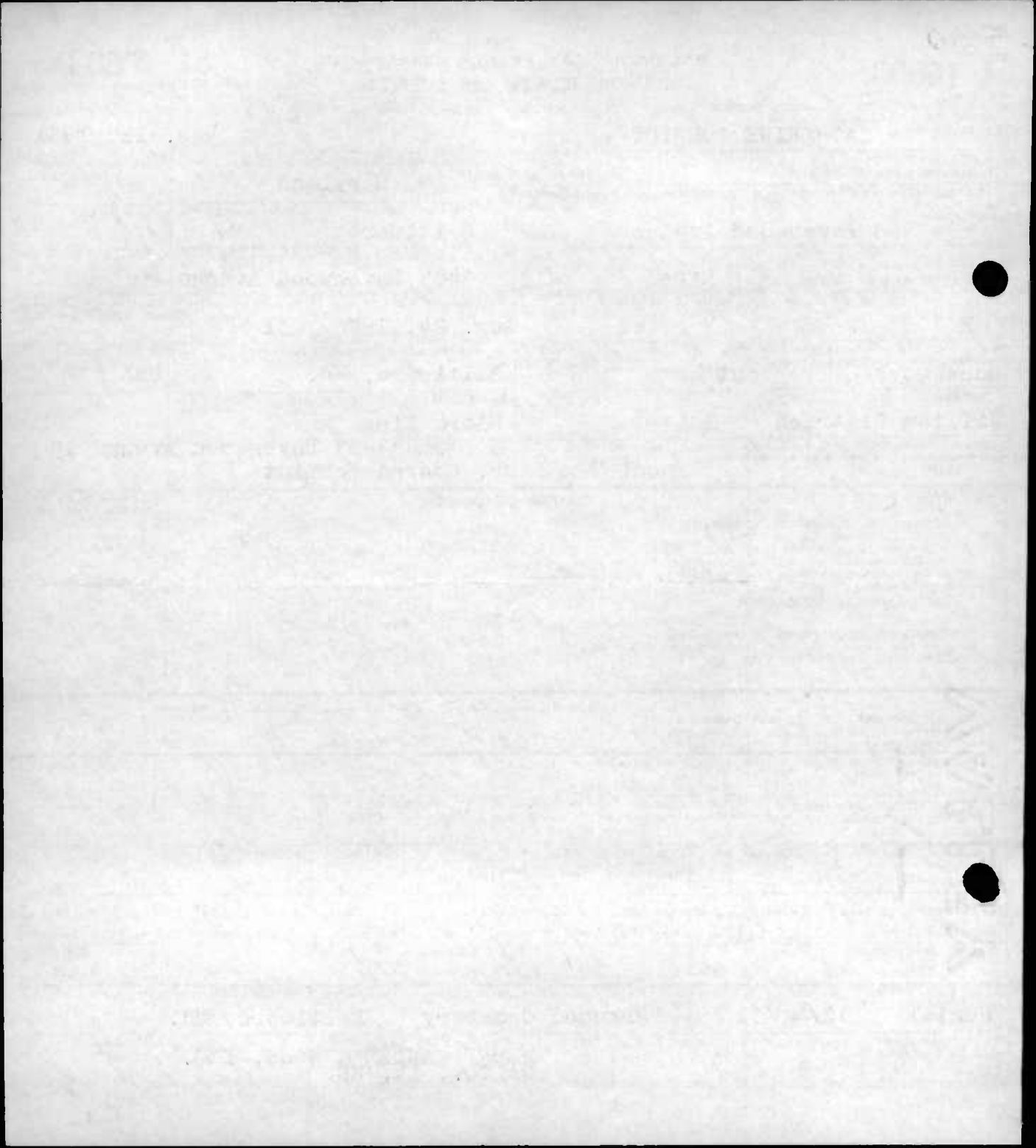
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12-5 , 1951, to 12-12 , 1951, that I last saw the deceased alive on 12-12 , 1951, and that death occurred at 8:05 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE R.E. Follisone		23B. ADDRESS Church Home Hosp.		23C. DATE SIGNED 12-12-51	

24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24B. DATE 12/14/51	24C. NAME OF CEMETERY OR CREMATORY Greenmount Crematory	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR DEC 14 1951	REGISTRAR'S SIGNATURE Henry Sander & Sons, Inc.	25. FUNERAL DIRECTOR ADDRESS BALTO., 13, MD.	



530
51 10803BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10803
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) CATHERINE SCHMIDT		2. DATE OF DEATH Dec. 11, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 3403 Ravenwood Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 8-01			
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 3403 Ravenwood Avenue			
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 24, 1900	9. AGE (In years last birthday) 51	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10B. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
13. FATHER'S NAME William Dietrich		14. MOTHER'S MAIDEN NAME Flora King		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT 3403 Ravenwood Avenue 13 Mr. Conrad Schmidt	
18. 175x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Carcinoma testis, abdomen DUE TO (B) Carcinoma ovary DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH 1 1/2 mo. ? 2 1/2 mo.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Intestinal obstruction and Fecal fistula					
19A. DATE OF OPERATION Jan + Oct. 1951		19B. MAJOR FINDINGS OF OPERATION As above		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug., 1951, to Dec., 1951, that I last saw the deceased alive on Dec. 8, 1951, and that death occurred at 7:15 P.M., from the causes and on the date stated above.					
23A. SIGNATURE Friedrich J. Vallmer		23B. ADDRESS 6100 York Road		23C. DATE SIGNED Dec 13, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 12/15/51		24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery	
DATE RECEIVED BY LOCAL REGISTRAR DEC 14 1951		REGISTRAR'S SIGNATURE Huntington Williams, Jr.		25. FUNERAL DIRECTOR HENRY SANDER & SONS, INC. BALTO., 13, MD.	
VS 150				ADDRESS 49a	



545
179-254003

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10804

1. NAME OF DECEASEO (Type or Print) Leah Tomlinson		2. DATE OF DEATH 12-12-1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 2211 Taylor Avenue	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 15, 1877
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10B. KIND OF BUSINESS OR INDUSTRY at home	
13. FATHER'S NAME John Cartney (Dec'd)		14. MOTHER'S MAIDEN NAME Johanna Hatton (Dec'd)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Avenue		ADDRESS	
18. CAUSE OF DEATH 422.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Thrombosis DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerotic cardiovascular Disease DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Uterine Fibroid			
19A. DATE OF OPERATION 12-15-51		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 4 Days Over 1 Yr. ?	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-16 , 19 51 , to 12-12 , 19 51 that I last saw the deceased alive on 12-12 , 19 51 , and that death occurred at 3 P.m. , from the causes and on the date stated above.			
23A. SIGNATURE [Signature]		23B. ADDRESS 4940 Eastern Avenue	
23C. DATE SIGNED 12-13-51		23D. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery	
23E. LOCATION (City, town, or county) Baltimore, Md.		23F. STATE Md.	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/15/51	
24C. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery		24D. LOCATION (City, town, or county) Baltimore, Md.	
24E. DATE RECEIVED BY LOCAL REGISTRAR DEC 14 1951		24F. REGISTRAR'S SIGNATURE [Signature]	
24G. FUNERAL DIRECTOR HENRY SANDER & SONS, INC.		24H. ADDRESS BALTO., 13, MD.	

105-10

UNITED STATES OF AMERICA

105-10

IN SENATE, January 10, 1950

REPORT OF THE COMMISSIONER OF THE GENERAL LAND OFFICE

ON THE LANDS OF THE UNITED STATES

IN THE TERRITORY OF ALASKA

FOR THE YEAR 1949

ALBANY, NEW YORK: 1950

UNITED STATES GOVERNMENT PRINTING OFFICE

WASHINGTON, D. C. 20540

OFFICIAL BUSINESS - PENALTIES FOR PRIVATE REPRODUCTION

PROHIBITED BY TITLE 17, U.S. CODE, SECTION 105

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AND BY TITLE 18, U.S. CODE, SECTION 703

AND BY TITLE 18, U.S. CODE, SECTION 703

AND BY TITLE 18, U.S. CODE, SECTION 703

AND BY TITLE 18, U.S. CODE, SECTION 703

242
51 10805
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

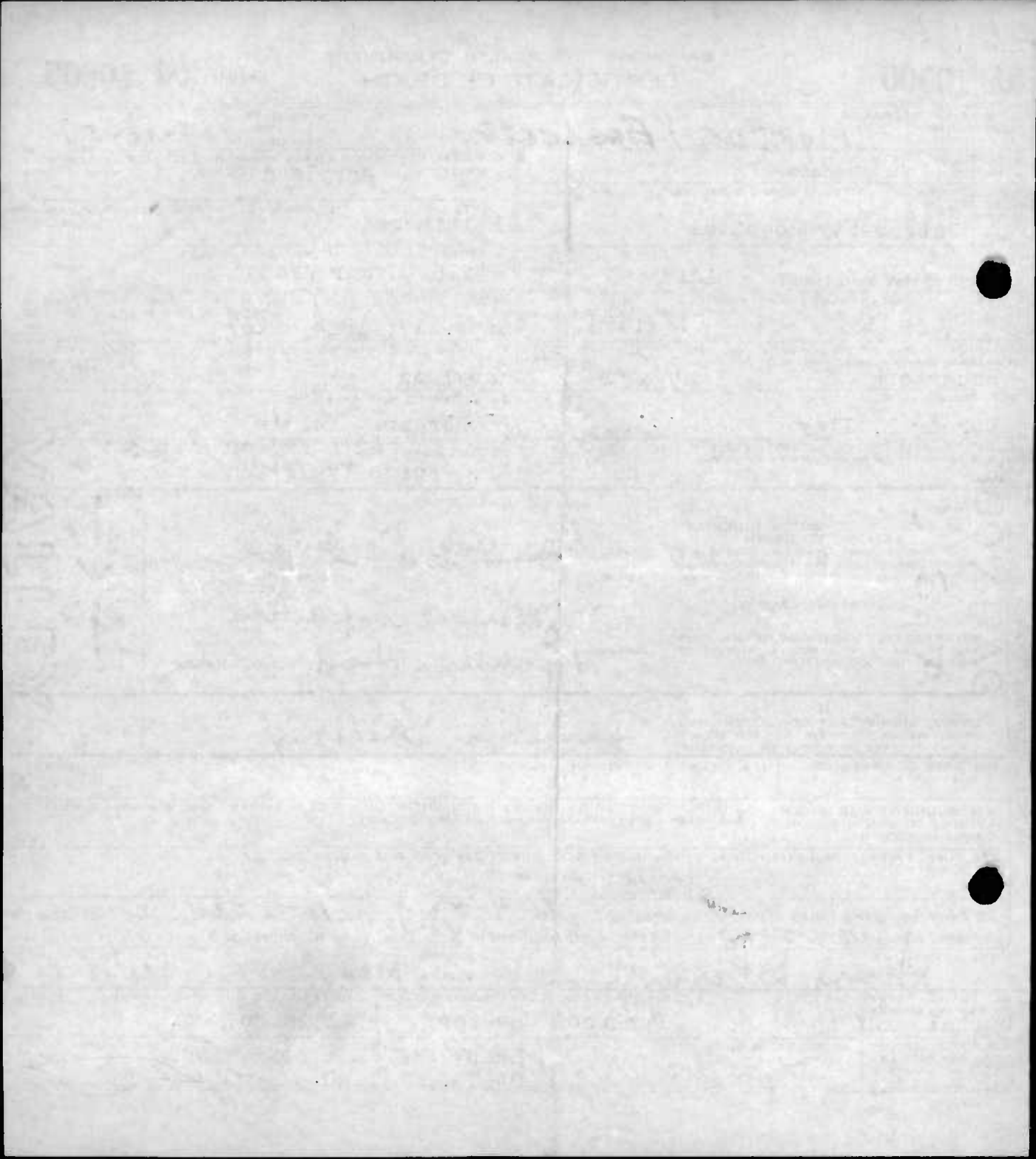
Registered No. 51 10805

1. NAME OF DECEASED (Type or Print) MYRTLE P. EGGLESTON			2. DATE OF DEATH 12-12-51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-02		
C. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 4216 Raymar Avenue		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 17, 1884	9. AGE (In years last birthday) 67	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework			11. BIRTHPLACE (State or foreign country) Maryland		
10B. KIND OF BUSINESS OR INDUSTRY at home			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Warner L. Iley			14. MOTHER'S MAIDEN NAME Margaret Norris		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO. none		
			17. INFORMANT ADDRESS 4216 Raymar Avenue Mr. George Eggleston		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cardiac Failure DUE TO Myocardial infarction Hypertensive heart disease	INTERVAL BETWEEN ONSET AND DEATH 8 days 8 days ?
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Diabetes Melitus	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 12-4-51 , 19__, to 12-12-51 , 19__, that I last saw the deceased alive on 12-12-51 , 19__, and that death occurred at 9:20 p.m. , from the causes and on the date stated above.		
23A. SIGNATURE Henry D. Perry, Jr.	23B. ADDRESS Univ. Hospital	23C. DATE SIGNED 12-12-51

24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 12/15/51	24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR DEC 14 1951	REGISTRAR'S SIGNATURE Wilmington Williams, M.D.	FUNERAL DIRECTOR & ADDRESS HENRY SANDER & SONS, INC. BALTO., 13, MD.	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 10806**

BIRTH NO. 622 B-220 10806B-622			
1. NAME OF DECEASED (Type or Print) Walerja Clara Barczak--Or Viola Boshika (Barshak)		2. DATE OF DEATH Dec, 13th, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland 614 S. Lakewood Ave		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) At Home		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 24	
C. Length of stay in Baltimore 55 Yrs Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 614 South Lakewood Ave	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Dec 9th 1879
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 72
13. FATHER'S NAME Martin Czaja		11. BIRTHPLACE (State or foreign country) Poland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Zofia Wilk	
		17. INFORMANT ADDRESS Peter Barczak 614 S. Lakewood Ave	
18. 442X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) <i>hypertensive cardiac vascular</i> DUE TO <i>renal disease</i> (B) DUE TO (C)	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1946 , to 12/13 , 1951, that I last saw the deceased alive on 12/13, 1951 , and that death occurred at 11:45 p.m. , from the causes and on the date stated above.			
23A. SIGNATURE <i>George R. Weber</i>		23B. ADDRESS 2939 Mc Cleary St	
23C. DATE SIGNED 12/14/51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Dec 19-1951	24C. NAME OF CEMETERY OR CREMATORY St. Stanislaus	24D. LOCATION (City, town, or county) (State) 1300 Dundalk Ave
DATE RECEIVED BY LOCAL REGISTRAR DEC 14 1951	REGISTRAR'S SIGNATURE <i>William Williams</i>	25. FUNERAL DIRECTOR ADDRESS George R. Weber 705 S. Ann St	

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 10807**

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51 10807

1. NAME OF DECEASED (Type or Print) COLERIDGE		2. DATE OF DEATH Dec. 11, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Maryland General Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 947 Ettinga Street		E. DATE OF BIRTH 11-?-1909	
F. AGE (In years last birthday) 42		G. Under 1 Year Months: Days	
H. Under 24 Hours Hours: Min.		I. BIRTHPLACE (State or foreign country) md.	
J. CITIZEN OF WHAT COUNTRY? U.S.		K. FATHER'S NAME George Stewart W.	
L. MOTHER'S MAIDEN NAME Jennie		M. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No	
N. SOCIAL SECURITY NO.		O. INFORMANT ADDRESS George Stewart - Madison Ave	

18. 002X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) Pulmonary tuberculosis DUE TO	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO	
(C) DUE TO		INTERVAL BETWEEN ONSET AND DEATH	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

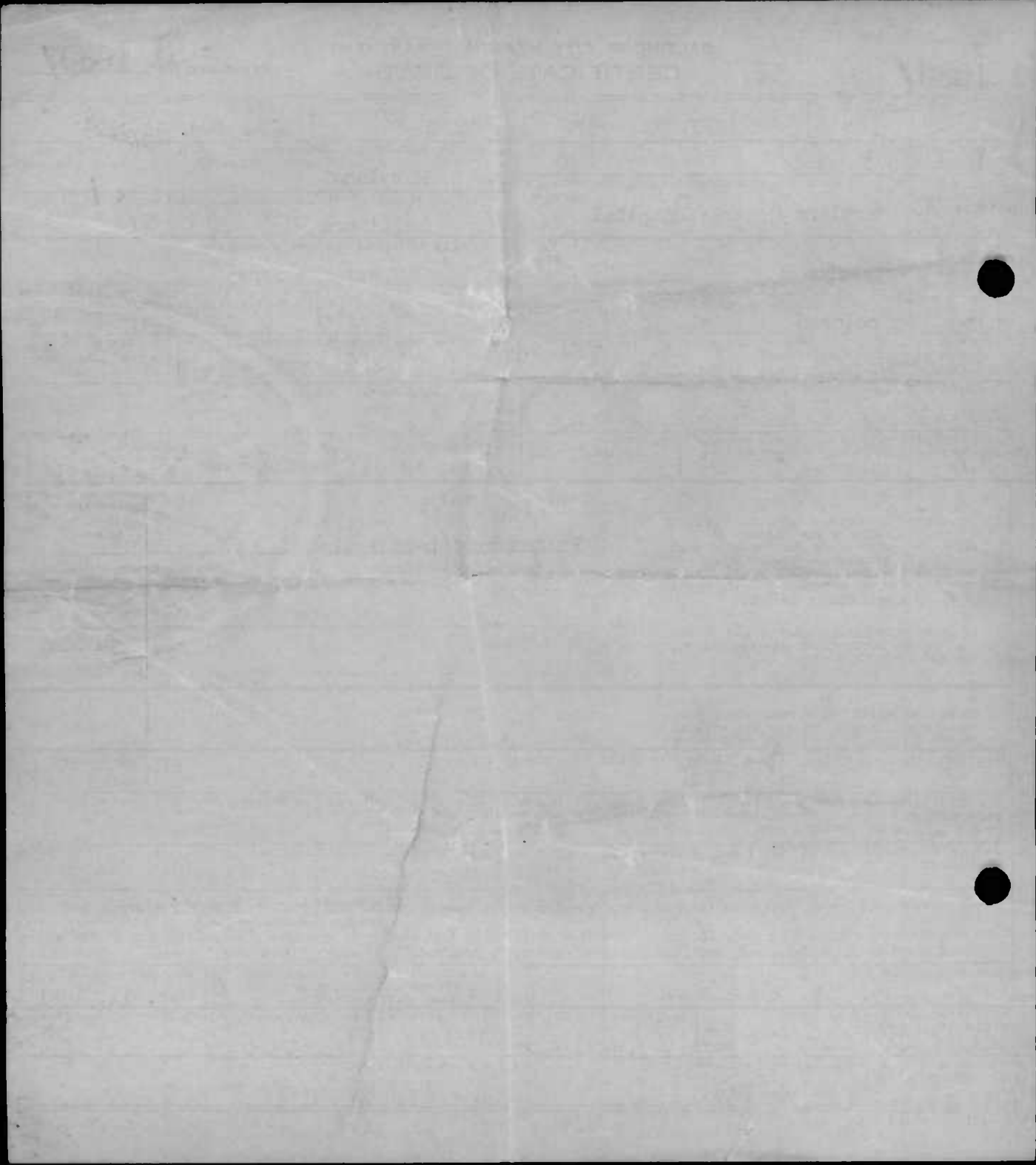
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE Stanley K. Dunleavy		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Dec. 11, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 12-14-51		24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary	
24D. LOCATION (City, town, or county) (State) Cedar Hill, Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR		24F. REGISTRAR'S SIGNATURE W. Halstead	
24G. FUNERAL DIRECTOR W. Halstead		24H. ADDRESS 918 - 97024		24I. 13B	

DEC 14 1951
VS 151

MEDICAL CERTIFICATION



520
51 10808

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10808

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Lena Wing</i>		2. DATE OF DEATH <i>12-10-51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Way</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>226-N. Carey st.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>226-N. Carey st.</i>			
5. SEX <i>M.</i>	6. COLOR OR RACE <i>Col.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>? 1881</i>	9. AGE (In years last birthday) <i>70</i>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>own home</i>		11. BIRTHPLACE (State or foreign country) <i>Md.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>?</i>		14. MOTHER'S MAIDEN NAME <i>?</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>no</i>		17. INFORMANT <i>Miss Johnson - N. Carey st.</i>	
18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Cerebral Hemorrhage</i>		CAUSE OF DEATH (A) <i>Cerebral Hemorrhage</i> DUE TO (B) <i>Hypertension</i> DUE TO (C) _____		INTERVAL BETWEEN ONSET AND DEATH <i>1</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Oct. 1, 1951</i> , to <i>12-10, 1951</i> that I last saw the deceased alive on <i>12-8, 1951</i> and that death occurred at <i>8:30 a.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>J. W. Johnson</i>		23B. ADDRESS <i>612 Edmondson Ave.</i>		23C. DATE SIGNED <i>12-15-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>12-14-51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>mt. Auburn</i>	
24D. LOCATION (City, town, or county) (State) <i>MD. Annapolis</i>		DATE RECEIVED BY LOCAL REGISTRAR <i>EC 141951</i>		REGISTRAR'S SIGNATURE <i>W. Halstead</i>	
VS 150		25. FUNERAL DIRECTOR <i>W. Halstead</i>		ADDRESS <i>918-4th Hill ave</i> <i>83a</i>	

MEDICAL CERTIFICATION

Ve 9493

1781-70

350
1 10809

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10809

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Ethel May Newton</i>			2. DATE OF DEATH <i>12/13/51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <i>Md</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mayland General Hosp.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>3903 Forest Park Ave #7</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>Wh.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Nov 16, 1886</i>	9. AGE (In years last birthday) <i>65</i>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>teacher</i>			11. BIRTHPLACE (State or foreign country) <i>Baltimore.</i>		
10B. KIND OF BUSINESS OR INDUSTRY <i>Public Schools</i>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <i>Henry F. Newton</i>			14. MOTHER'S MAIDEN NAME <i>Elvira J. Steever</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>-</i>			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Miss Irene Newton - 3903 Forest Pk Av</i>			ADDRESS		

MEDICAL CERTIFICATION

18. <i>153X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Carcinomatosis</i> (A) DUE TO		CAUSE OF DEATH <i>Carcinoma of breast, lob.</i> (B) DUE TO <i>Carcinoma of breast, lob.</i> (C) DUE TO	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>8/23/51</i>		19B. MAJOR FINDINGS OF OPERATION <i>Carcinomatosis - breast lob.</i>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			

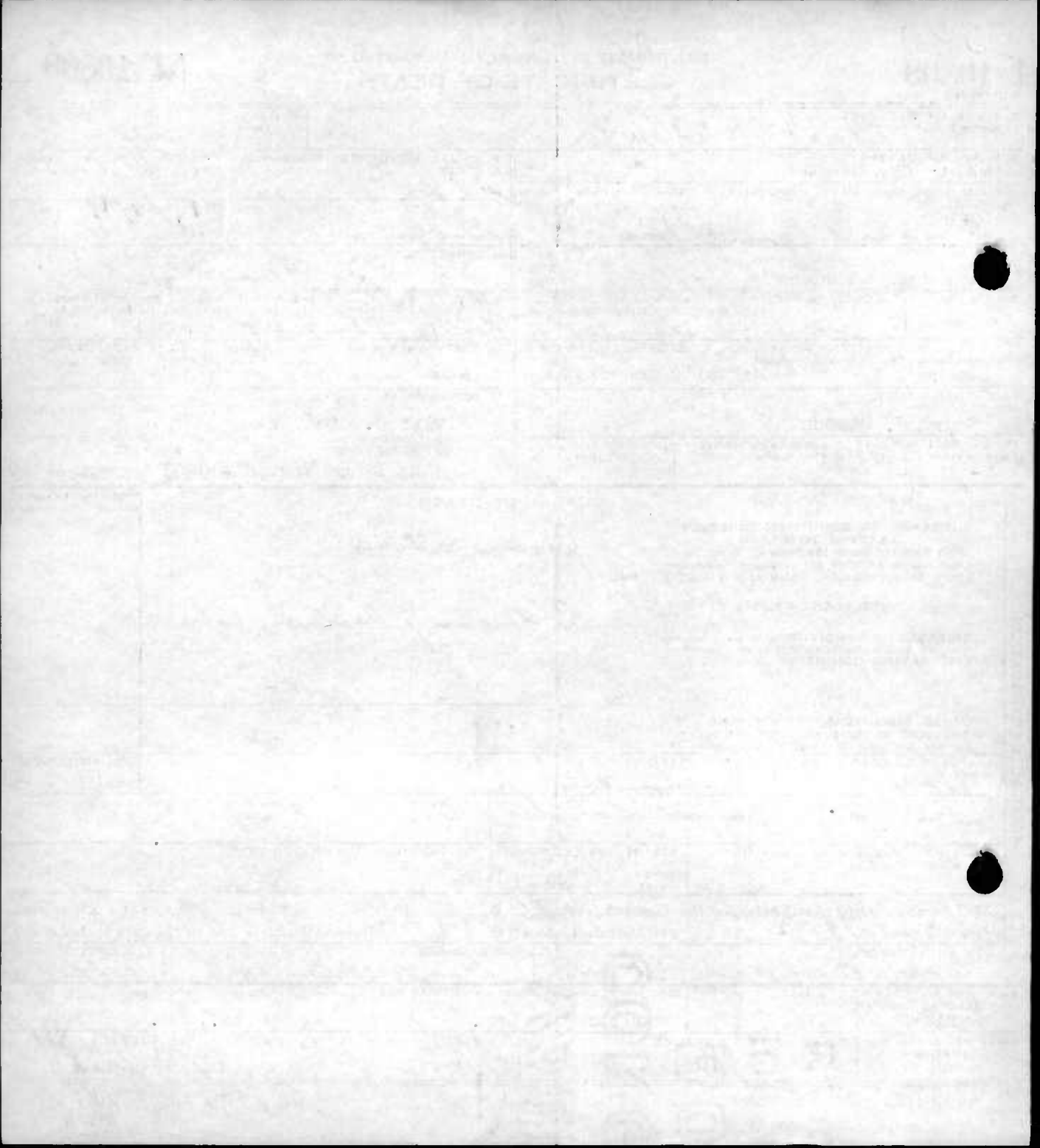
22. I hereby certify that I attended the deceased from *8/17*, 19*51*, to *12/13*, 19*51*, that I last saw the deceased alive on *12/13*, 19*51*, and that death occurred at *12 noon*, from the causes and on the date stated above.

23A. SIGNATURE *E. L. Bryant* M. D. 23B. ADDRESS *Maryland Gen Hosp.* 23C. DATE SIGNED *12/13/51*

24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 24B. DATE *12/17/51* 24C. NAME OF CEMETERY OR CREMATORY *Loudon Park Cem.* 24D. LOCATION (City, town, or county) (State) *Balto., Md.*

DATE RECEIVED BY LOCAL REGISTRAR *12/17/51* REGISTRAR'S SIGNATURE *William Williams, M.D.* 25. FUNERAL DIRECTOR *Ston. J. Pickens & Sons* ADDRESS *Balto 17 Md*

DEC 14 1951 0938V 46E



524
10810BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10810

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) GEORGE CONRAD WENCHEL	
2. DATE OF DEATH 12.13.51	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Maryland General Hospital</i>	
C. Length of stay in Baltimore Yrs. Mos. Days	
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	
8. DATE OF BIRTH Jan. 7, 1883	
9. AGE (In years last birthday) 68	
10. A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Lithographer</i>	
10B. KIND OF BUSINESS OR INDUSTRY <i>Printing</i>	
11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>	
12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Louis Wenchel</i>	
14. MOTHER'S MAIDEN NAME <i>Mary Wagner</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. 212-01-2583	
17. INFORMANT Mrs. Walter B. Belitz, Jr.	
ADDRESS Oak Avenue 5106 Gwynn	

18. 422.1	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Arterio-vascular cerebral accident</i>	
ANTECEDENT CAUSES		DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <i>Chronic cardio-vascular disease</i>	
II		DUE TO	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>12-12</i> , 1951, to <i>12-13</i> , 1951, that I last saw the deceased alive on <i>12-13</i> , 1951, and that death occurred at <i>1³⁰</i> A. m., from the causes and on the date stated above.					
23A. SIGNATURE <i>W. H. Sauer</i>		23B. ADDRESS <i>Maryland General Hospital</i>		23C. DATE SIGNED <i>12.13.51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>12/15/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Parkwood Cem.</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>		24E. FUNERAL DIRECTOR <i>Wm. J. Sackner & Sons</i>		24F. ADDRESS <i>Balto 17, Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 14 1951</i>		REGISTRAR'S SIGNATURE <i>Wm. J. Sackner</i>		25. FUNERAL DIRECTOR <i>Wm. J. Sackner & Sons</i>	

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DATE OF BIRTH

CERTIFICATE OF BIRTH

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10811

Registered No.

1. NAME OF DECEASED (Type or Print) Carlton F. Bean			2. DATE OF DEATH Dec 13, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) A. STATE Pa B. COUNTY V-25		
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL			C. CITY OF TOWN Pittsburg		
C. Length of stay in Baltimore 22 Days			D. STREET ADDRESS (If rural, give location) 4611 Hamilton Rd		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 11-07-04	9. AGE (In years last birthday) 47	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALES MAN ALGER		10B. KIND OF BUSINESS OR INDUSTRY HOME SUPPLIES	11. BIRTHPLACE (State or foreign country) NEW HAMPSHIRE		12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME FRED G BEAN (W)			14. MOTHER'S MAIDEN NAME MYNA YOUNG		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL		

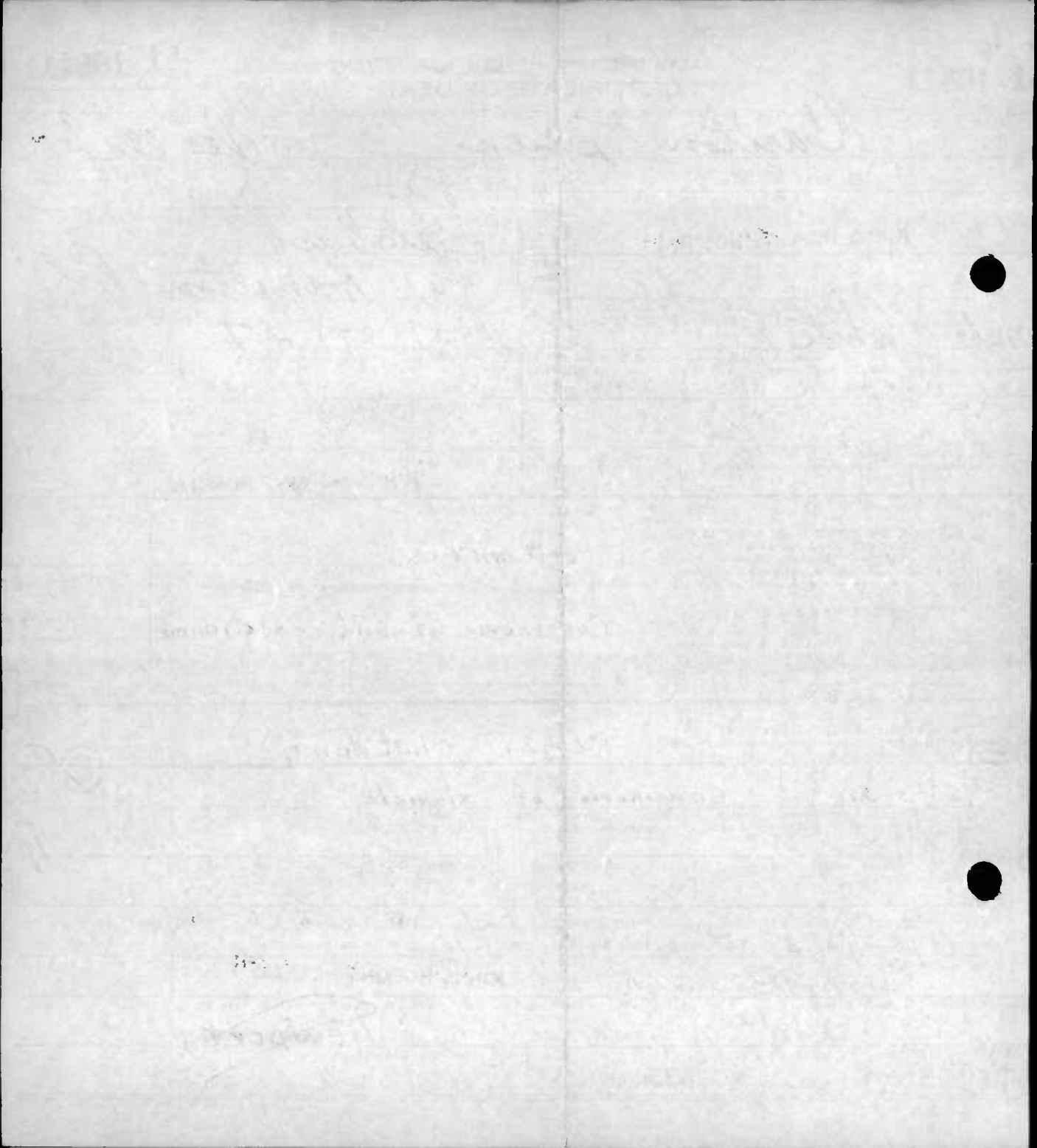
18. 153X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Peritonitis DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Carcinoma Sigmoid, resection of DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Renal shutdown		

19A. DATE OF OPERATION 12-3-51		19B. MAJOR FINDINGS OF OPERATION Carcinoma of sigmoid		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour)		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 11/21, 1951 , to 12/13, 1951 , that I last saw the deceased alive on 12/13, 1951 , and that death occurred at m. , from the causes and on the date stated above.				
23A. SIGNATURE John B. Burroughs M.D.		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12/18/51	24C. NAME OF CEMETERY OR CREMATORY PINE GROVE Cem.	24D. LOCATION (City, town, or county) (State) Newport, N.H.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 14 1951	REGISTRAR'S SIGNATURE William H. Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS JOHN D. MITCHELL AND SONS	

20068

1900 ERYAN PLACE.

46E



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No.

51 10812

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Helen Meredith Pearre		Dec. 13, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
B. FULL NAME OF (If not in hospital or institution, give street address or location)		A. STATE			
HOSPITAL OR INSTITUTION		Md.			
2901 Baker St.,		C. CITY OR TOWN (If outside corporate limits, write full R. L. and give township)			
		Baltimore			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)			
Yrs. Mos. Days		2901 Baker St.			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months: Days
Female	White	Married	March 10, 1887	64	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
Clerk		The Hub Co.	Md.		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
Robert E. Lee Hutchins			Helen Jacobs		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		
no		217-22-9835	Mr. Chas. B. Pearre, Sr. 2901 Baker St.		
18. 170 x		CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Cardio-Respiratory failure			
ANTECEDENT CAUSES		DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST.		(B) Pneumonia & gastric failure			
		DUE TO			
		(C) Carcinoma of sigmoid flexure			
		metastatic to liver			
		Primary carcinoma of breast			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour)		21E. INJURY OCCURRED		21F. HOW DID INJURY OCCUR?	
INJURY		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from Sept 1951, to Dec 13, 1951, that I last saw the deceased alive on Dec 12, 1951, and that death occurred at 7:45 p. m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
William J. Ryan		4605 Columbia Ave		14 Dec 51	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		12-15-1951		Loudon Park	
				Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
DEC 14 1951		[Signature]		G. Howard Strong 3207 W. North Ave.,	

Dr. Am J. Bryson

465 E.D. Ave.

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362
10813BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10813

1. NAME OF DECEASED (Type or Print) Mrs. Mary Strohecker		2. DATE OF DEATH 12/13/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland St. Joseph's Hosp.		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY Balto.	
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital 1400 N. Caroline St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 761 McKewin Ave. #18	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6-10-1896
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) 55
13. FATHER'S NAME Charles H. Veditz		11. BIRTHPLACE (State or foreign country) Penna., **	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Mary E. Aspen	
17. INFORMANT Frederick H. Strohecker		ADDRESS 761 McKewin Ave	
18. 331X CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage DUE TO INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 10/31 , 19 51 , to 12/13 , 19 51 , that I last saw the deceased alive on 12/13 , 19 51 , and that death occurred at 12:20 AM from the causes and on the date stated above.			
23A. SIGNATURE [Signature] M. D.		23B. ADDRESS 1400 N. Caroline St.	
23C. DATE SIGNED 12/13/51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12-15-1951	
24C. NAME OF CEMETERY OR CREMATORY New Cathedral		24D. LOCATION (City, town, or county) (State) Baltimore Md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 14 1951		REGISTRAR'S SIGNATURE [Signature]	
25. FUNERAL DIRECTOR [Signature]		ADDRESS 3000 E. Baltimore St.	

1901

1901

600
51 10814

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10814
Registered No.

1. NAME OF DECEASED (Type or Print) LINA (LENA) MAYER			2. DATE OF DEATH Dec. 11, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland 2429 Ashland Ave.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 7-02		
C. Length of stay in Baltimore 50 years			D. STREET ADDRESS (If rural, give location) 2724 E. Madison St.		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Sept. 20, 1876	9. AGE (In years last birthday) 75	II Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Germany	
12. CITIZEN OF WHAT COUNTRY? U.S.		13. FATHER'S NAME unknown		14. MOTHER'S MAIDEN NAME unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Anna Mayer, dght-in-law, 2429 Ashland Ave.	

18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral hemorrhage (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH 9 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. arteriosclerosis (B) DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July 1, 1946, to Dec 11, 1951, that I last saw the deceased alive on Dec 11, 1951, and that death occurred at 9:40 p.m., from the causes and on the date stated above.					
23A. SIGNATURE John J. Gould		23B. ADDRESS 147 East Ave		23C. DATE, SIGNED 12-13-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec. 15, 1951		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.	
24D. LOCATION (City, town, or county) Balto. Md.		24E. FUNERAL DIRECTOR Schimunek Funeral Home, Inc.		24F. ADDRESS 2601 3-5 E. Madison St.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 14 1951		REGISTRAR'S SIGNATURE Lester J. Williams, M.D.		25. FUNERAL DIRECTOR Schimunek Funeral Home, Inc.	
25. ADDRESS 2601 3-5 E. Madison St.					

82a

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

NAME (Last, First, Middle)		DATE OF BIRTH		PLACE OF BIRTH	
SEX		RACE		EDUCATION	
MARRIAGE		MILITARY SERVICE		EMPLOYMENT	
RESIDENCE		CITIZENSHIP		RELIGION	
PARENTS		Siblings		Other relatives	
Character of case		Referral		Assignment	
Investigation		Interviews		Surveillance	
Results		Conclusions		Recommendations	
Remarks		Signature of Agent		Signature of Supervisor	
Date		Time		Place	

500
51 10815
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10815
Registered No.

1. NAME OF DECEASED (Type or Print) BERNARD JOHN ROHM			2. DATE OF DEATH Dec. 13, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION Sinai Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
6. Length of stay in Baltimore life Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 620 N. Milton Ave.		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 24, 1888	9. AGE (In years last birthday) 63	10. Under 1 Year Months; Days 11. Under 24 Hours Hours; Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Butcher			10B. KIND OF BUSINESS OR INDUSTRY Superfine Food Mkt		
11. BIRTHPLACE (State or foreign country) Baltimore, Md.			12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME Leonard Rohm			14. MOTHER'S MAIDEN NAME Hutzler		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or ookeowo) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO.		
17. INFORMANT Anna Rohm, wife, above			ADDRESS		

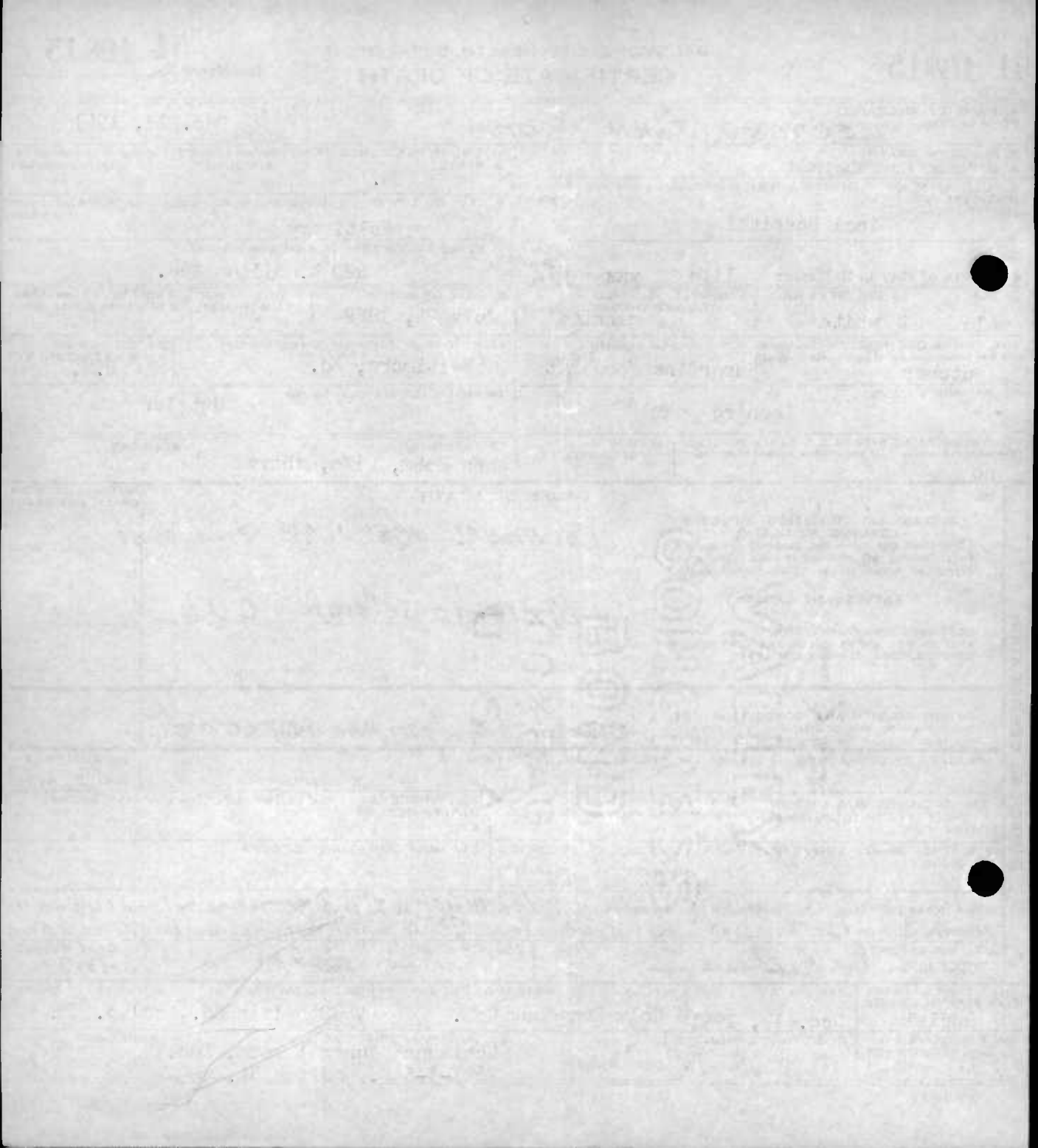
18. 422.1 and 200.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CEREBRAL VASCULAR ACCIDENT DUE TO ARTERIO SCLEROTIC C.V.D. DUE TO Generalized Lymphosarcoma		INTERVAL BETWEEN ONSET AND DEATH
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from November 1951 to December 1951 , that I last saw the deceased alive on 12-13 , 19 51 , and that death occurred at 9:54 A. M. , from the causes and on the date stated above.					
23A. SIGNATURE Joseph Beckelbaum M. D.		23B. ADDRESS Sinai Hosp		23C. DATE SIGNED 12-13-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec. 17, 1951		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.	
24D. LOCATION (City, town, or county) (State) 4430 Belair Rd., Balto. Md.		25. FUNERAL DIRECTOR Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.			
DATE RECEIVED BY LOCAL REGISTRAR DEC 14 1951		REGISTRAR'S SIGNATURE William H. Williams, M.D.		ADDRESS	

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MEDICAL CERTIFICATION



200
MD-154341
51-10816

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10816
Registered No.

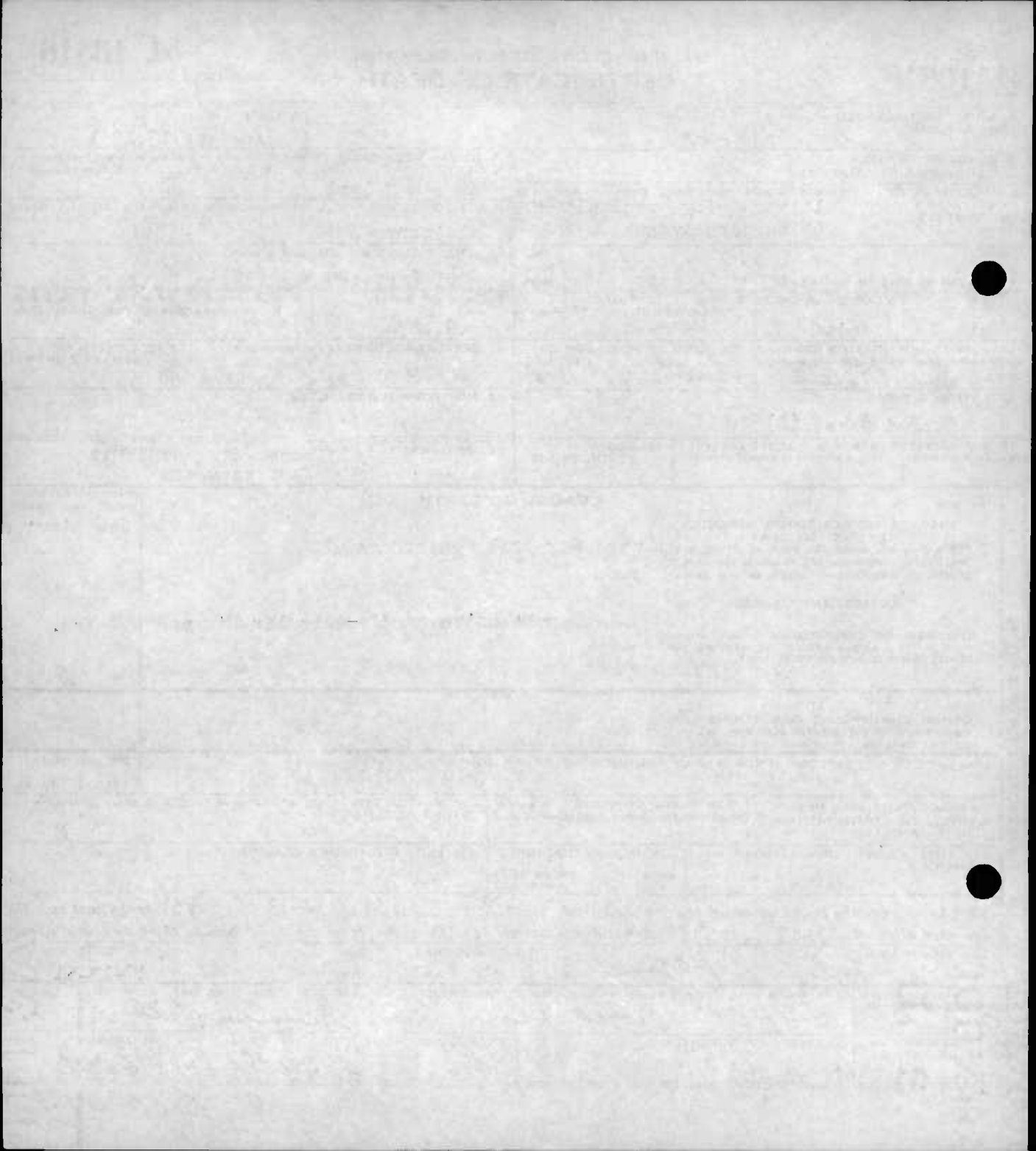
1. NAME OF DECEASED (Type or Print) John Haas		2. DATE OF DEATH Dec. 13, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY X	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore Life Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 6301 Fortview Way (24)	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar. 7, 1874
10A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Fireman (Retired)		10B. KIND OF BUSINESS OR INDUSTRY Balto. Co. Ind.	9. AGE (in years last birthday) 77
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Conrad Haas (D)		14. MOTHER'S MAIDEN NAME Lena ?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Avenue			

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage ? DUE TO CAUSE OF DEATH Hypertensive cardio-vascular Disease DUE TO INTERVAL BETWEEN ONSET AND DEATH few minutes 3 Yrs.	
I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-28 , 19 51 to 12-13 , 19 51 , that I last saw the deceased alive on 12-13 , 19 51 , and that death occurred at 10 a m., from the causes and on the date stated above.					
23A. SIGNATURE P.S. Crozen M. D.		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 12-13-51	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12-17-51		24C. NAME OF CEMETERY OR CREMATORY Sacred Heart Cem.		24D. LOCATION (City, town, or county) (State) German Hill Rd Md	
DATE RECEIVED BY LOCAL REGISTRAR DEC 14 1951		REGISTRAR'S SIGNATURE William		25. FUNERAL DIRECTOR John G. Connolly - 418 Eastern		ADDRESS Balt 21 93D mt.	

MEDICAL CERTIFICATION



300
51 10817BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10817
Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) <i>Emil Rode</i>	
2. DATE OF DEATH <i>Dec. 13 - 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>F-02</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>514 S. Elwood Ave.</i>	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto.</i>	
D. STREET ADDRESS (If rural, give location) <i>514 S. Elwood Ave.</i>	
C. Length of stay in Baltimore Yrs. <i>0</i> Mos. <i>0</i> Days <i>0</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Dec. 28 - 1870</i>
9. AGE (In years last birthday) <i>80</i>	10. Under 1 Year Months <i>0</i> Days <i>0</i>
11. Under 24 Hours Hours <i>0</i> Min. <i>0</i>	12. CITIZEN OF WHAT COUNTRY?
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>trimmer</i>	
10B. KIND OF BUSINESS OR INDUSTRY <i>Retired</i>	
11. BIRTHPLACE (State or foreign country) <i>Balto.</i>	
12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Herman Rode</i>	
14. MOTHER'S MAIDEN NAME <i>Unknown</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	
16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Eliz Rode</i>	
ADDRESS <i>514 S. Elwood Ave.</i>	
18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Coronary Occlusion</i> DUE TO (B) <i>Cardiac Vascular Rupture during 1 1/2 yrs</i> DUE TO (C) <i>Arterio Sclerosis</i> INTERVAL BETWEEN ONSET AND DEATH <i>about 10 years</i> <i>5 yrs +</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION <i>0</i>	
19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>11-9</i> , 19 <i>46</i> , to <i>6-6</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>6-4</i> , 19 <i>51</i> , and that death occurred at <i>8:00</i> m., from the causes and on the date stated above.	
23A. SIGNATURE <i>Wm. J. DeLoach</i>	
23B. ADDRESS <i>4901 E. Mount Vernon St.</i>	
23C. DATE SIGNED <i>12-14-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	
24B. DATE <i>12/17/51</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Oak Lawn</i>	
24D. LOCATION (City, town, or county) (State) <i>Easton Ave. Rd. md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 14 1951</i>	
REGISTRAR'S SIGNATURE <i>Thurston W. Williams</i>	
25. FUNERAL DIRECTOR <i>John J. Connelly</i>	
ADDRESS <i>Essex 21-131a md.</i>	

10817

CERTIFICATE OF DEATH

10817

John J. ...
...
...

...

650

1 10818

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10818

Registered No. _____

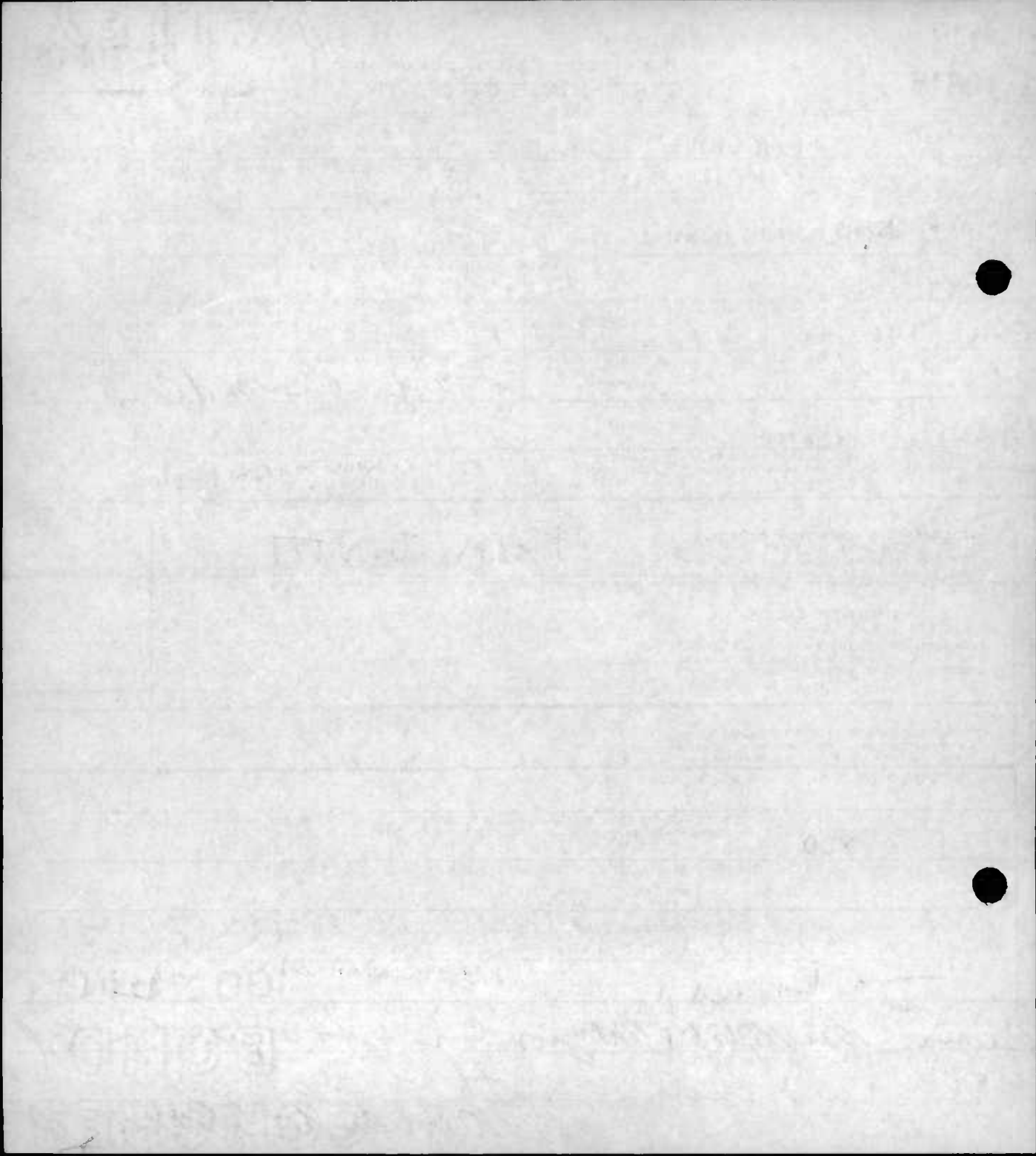
1. NAME OF DECEASED (Type or Print) GREENE "Baby Boy"		2. DATE OF DEATH DEC 14, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland HLH-P.N.		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE MARYLAND B. COUNTY Harford	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) DARLINGTON	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) Rt 2 6200	
5. SEX MALE	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 12-11-51
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday) 3	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Harford Co Md	
13. FATHER'S NAME RALPH GREENE		12. CITIZEN OF WHAT COUNTRY? U.S.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT JOHNS HOPKINS HOSPITAL		ADDRESS	

18. 776x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, assthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Prematurity (A) _____ DUE TO _____		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES (B) _____ DUE TO _____		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 12-14-51		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input checked="" type="checkbox"/> no	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **12-11-1951**, to **12-14-1951**, that I last saw the deceased alive on **12-14-1951**, and that death occurred at **1428** A.M., from the causes and on the date stated above.

23A. SIGNATURE H. Kaiser		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 12/14/51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Dec 15, 1951	24C. NAME OF CEMETERY OR CREMATORY Mt Zion Cn	24D. LOCATION (City, town, or county) (State) Harford Co Md	
DATE RECEIVED BY LOCAL REGISTRAR DEC 14 1951		REGISTRAR'S SIGNATURE Wm J. Williams		
25. FUNERAL DIRECTOR H & Bailey		ADDRESS Darlington, Md 159		



200
10819

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10819

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lawrence William Busch

2. DATE
OF
DEATH

Dec. 12-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

4922 Harford Road

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Lawyer

10B. KIND OF BUSINESS OR INDUSTRY

Butt Hough

13. FATHER'S NAME

William H. Busch

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

316-058678

8. DATE OF BIRTH

Nov. 8-1903

9. AGE (In years last birthday)

48

11 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Caroline Peters

17. INFORMANT

Mrs. Eleanor Busch-Harford

ADDRESS 4922

18. 420.1
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Coronary heart disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Coronary occlusion
& thrombosis

(C)

INTERVAL BETWEEN
ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY
YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 12-12-51 to 12-12-51, that I last saw the deceased alive on Jan 10, 1951, and that death occurred at 100 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12/15/51

24C. NAME OF CEMETERY OR CREMATORY

Larkwood

24D. LOCATION (City, town or county)

Bald. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

DEC 14 1951

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

L.J. Luck 5305 Harford

ADDRESS

MEDICAL CERTIFICATION

Dr. F. F. Ruzicka
800 N. Platt Pk.

156
51 10820
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10820
Registered No.

1. NAME OF DECEASED (Type or Print) Louis Kiefner			2. DATE OF DEATH Dec. 12, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 5011 Walther Blvd.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 7 - 1882		9. AGE (in years last birthday) 69
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10B. KIND OF BUSINESS OR INDUSTRY Cabinet Maker		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	
13. FATHER'S NAME Matthias Kiefner			14. MOTHER'S MAIDEN NAME Rigina		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. 214-03-6736		17. INFORMANT Mrs. Catherine Kiefner-Matthae	
18. 581.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Bleeding Esophageal Varix DUE TO Cirrhosis of liver			12. CITIZEN OF WHAT COUNTRY? 5011		
19A. DATE OF OPERATION 12/15/51			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12/11/1951 to 12/12/1951 , that I last saw the deceased alive on 12/12/1951 and that death occurred at 1:20 P.M. from the causes and on the date stated above.					
23A. SIGNATURE L. P. Coffey Jr.			23B. ADDRESS 1400 N. Caroline Street		23C. DATE SIGNED 12/12/51
24A. BURIAL OR CREMATION REMOVAL (Specify) Burial		24B. DATE 12/15/51		24C. NAME OF CEMETERY OR CREMATORY Parkwood	
24D. LOCATION (City, town, or county) Baltimore		24E. STATE Md		25. FUNERAL DIRECTOR L. J. Ruck	
DATE RECEIVED BY LOCAL REGISTRAR DEC 14 1951		REGISTRAR'S SIGNATURE for Williams, M.D.		ADDRESS 5305 Hayford Rd.	

50560

124B

02801 36

1941, March 10
[Faint, illegible text follows, appearing to be a list or report with multiple lines of handwriting.]

615
51 10821
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

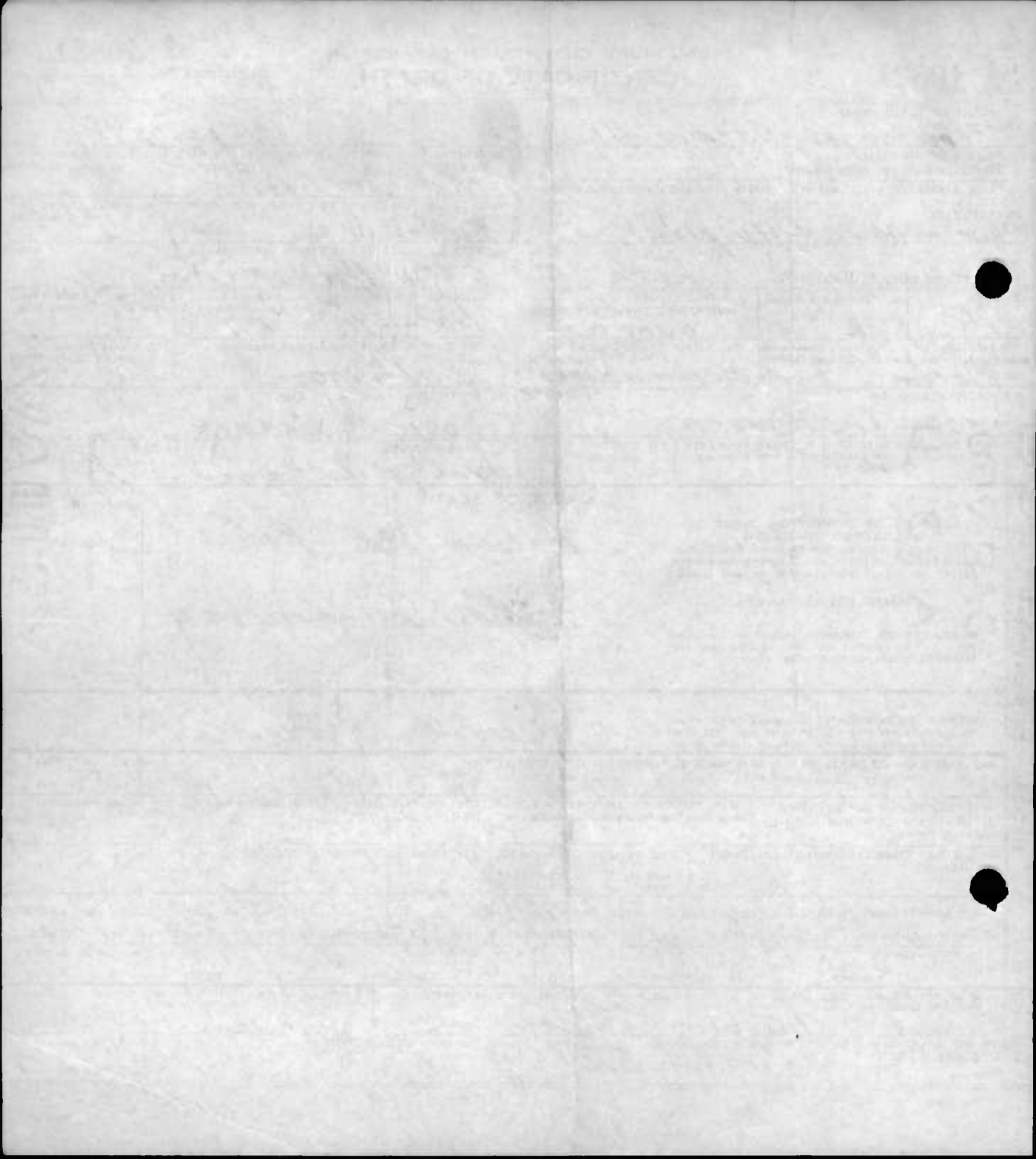
51 10821
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Treffinger, Herman HARRY</i>		2. DATE OF DEATH <i>12/13/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>MD.</i> B. COUNTY <i>CITY</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Church Home & Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
6. Length of stay in Baltimore <i>life</i>		D. STREET ADDRESS (If rural, give location) <i>5401 Hilburn Ave</i>	
7. SEX <i>M</i>	8. COLOR OR RACE <i>W</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>	10. DATE OF BIRTH <i>Nov. 23, 1884</i>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Electrical work</i>		12. KIND OF BUSINESS OR INDUSTRY <i>Electrical Super</i>	
13. FATHER'S NAME <i>John Treffinger</i>		14. MOTHER'S MAIDEN NAME <i>Rosina Winnie</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Mrs. Olga Lockwood</i>		ADDRESS <i>4119 Linman Ave</i>	
18. <i>490X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Pneumonia lobar</i>		CAUSE OF DEATH <i>cardiac insufficiency</i>	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Overwhelming toxemia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 wkd</i>	
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
21. DATE OF OPERATION <i>12/12/51</i>		22. MAJOR FINDINGS OF OPERATION	
23. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
24. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		25. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
26. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
27. TIME (Month) (Day) (Year) (Hour) OF INJURY		28. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
29. HOW DID INJURY OCCUR?			
30. I hereby certify that I attended the deceased from <i>12/12/51</i> 19 <i>51</i> , to <i>12/13/51</i> 19 <i>51</i> , that I last saw the deceased alive on <i>12/13/51</i> 19 <i>51</i> , and that death occurred at <i>5:10 PM</i> , from the causes and on the date stated above.			
31. SIGNATURE <i>R. E. Fullilove</i>		32. ADDRESS <i>Church Home Hosp</i>	
33. DATE <i>12/17/51</i>		34. NAME OF CEMETERY OR CREMATORY <i>Parkwood</i>	
35. LOCATION (City, town, or county) <i>Balto Md</i>		(State)	
36. DATE RECEIVED BY LOCAL REGISTRAR <i>EC 1 41951</i>		37. REGISTRAR'S SIGNATURE <i>Walter J. Williams, Jr.</i>	
38. FUNERAL DIRECTOR <i>L. J. Luck</i>		39. ADDRESS <i>5305 Harford Rd</i>	

MEDICAL CERTIFICATION

515 24

108



652
10822

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10822

1. NAME OF DECEASED (Type or Print) <i>Louis W. Ernst</i>		2. DATE OF DEATH <i>12-12-51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto - Md</i>		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>26-11</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1108 S. Bouldin St</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto - 24 - Md.</i>	
C. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>1108 S. Bouldin St.</i>	
5. SEX <i>M.</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE/MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>4-5-88</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Caterer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Standard Oil</i>	9. AGE (in years last birthday) <i>63</i>
13. FATHER'S NAME <i>Henry</i>		11. BIRTHPLACE (State or foreign country) <i>Balto.</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		12. CITIZEN OF WHAT COUNTRY? <i>Md.</i>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>Mary ?</i>	
17. INFORMANT <i>Mrs. Louis Ernst</i>		ADDRESS <i>same</i>	
18. <i>42011</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronary Thrombosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Arteriosclerotic C.V.D.</i>		DUE TO <i>Arteriosclerotic C.V.D.</i>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		DUE TO <i>Peripheral Vascular changes</i>	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Jan</i> , 19 <i>47</i> to <i>12/12</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>12/5</i> , 19 <i>51</i> , and that death occurred at <i>11 P.</i> m., from the causes and on the date stated above.			
23A. SIGNATURE <i>L. J. Kline</i>		23B. ADDRESS <i>2623 E. W. M. St</i>	
23C. DATE SIGNED <i>12/14/51</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>12-15-51</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Cathedral</i>		24D. LOCATION (City, town, or county) (State) <i>Balto - Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 14 1951</i>		REGISTRAR'S SIGNATURE <i>William Williams, Md</i>	
25. FUNERAL DIRECTOR <i>Luby + Ziborche</i>		ADDRESS <i>4031 N. Wolfe</i>	

MEDICAL CERTIFICATION

KLINE

655

10823

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10823

BIRTH NO. 51-29609

1. NAME OF DECEASED
(Type or Print)Twin "B"
Baby Girl Brennan2. DATE
OF
DEATH

12-14-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Maryland B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

11 E. Reed St

C. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

12-11-51

9. AGE (in years
last birthday)

4

10. Under 1 Year
Months: Days: Hours: Min.

4

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Bernard Brennan

14. MOTHER'S MARDEN NAME

Barbara Macgowan

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, do not unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Bernard P. Brennan 11 E. Reed St

ADDRESS

18. 776x I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Prematurity

INTERVAL BETWEEN
ONSET AND DEATH

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-11-51, to 12-14-51, that I last saw the
deceased alive on 12-14, 1951, and that death occurred at 11 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Edward L. Lipp

23B. ADDRESS

Mary Hays

23C. DATE SIGNED

12-14-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/15/51

24C. NAME OF CEMETERY OR CREMATORY

Squad Ridge

24D. LOCATION (City, town, or county) (State)

Pikeville Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William H. Williams

25. FUNERAL DIRECTOR

Wm Cook Inc

ADDRESS

1217 St. Paul St.

DEC 15 1951

RECEIVED BY THE DIRECTOR OF THE BUREAU OF THE ARMY
OFFICE OF THE CHIEF OF THE BUREAU OF THE ARMY



552
1 10824

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10824

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Cunningham, Lester x S.			2. DATE OF DEATH 12/14/51		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Franklin Square Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
Length of stay in Baltimore 68 Years			D. STREET ADDRESS (If rural, give location) 635 S. Pulaski St.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10/7/1890	9. AGE (In years last birthday) 61	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Relaxed Supervisor Western Electric Co			11. BIRTHPLACE (State or foreign country) Virginia		
10B. KIND OF BUSINESS OR INDUSTRY ELCO. APP. (S)			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Lester Cunningham			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. ?	17. INFORMANT ADDRESS Mrs. Ethel Cunningham 635 S. Pulaski St.		
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis DUE TO ANTECEDENT CAUSES Arteriosclerotic C. V. disease DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12/13 , 19 51 , to 12/14 , 19 51 , that I last saw the deceased alive on 12/14 , 19 51 , and that death occurred at 12 Noon , from the causes and on the date stated above.					
23A. SIGNATURE Lester Cunningham		23B. ADDRESS Franklin Square Hospital		23C. DATE SIGNED 12-14-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/18/51		24C. NAME OF CEMETERY OR CREMATORY Lorraine Park	
24D. LOCATION (City, town, or county) Woodlawn Ind		24E. FUNERAL DIRECTOR Geo. E. Beyer Jr.		24F. ADDRESS 1512 Hollins St	
DATE RECEIVED BY LOCAL REGISTRAR DEC 15 1951		REGISTRAR'S SIGNATURE William H. Williams		25. FUNERAL DIRECTOR ADDRESS Balt. 23rd	

MEDICAL CERTIFICATION

2903M

937

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420
51 10825BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10825

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Mrs. Emma A. Flock</i>		2. DATE OF DEATH <i>December 12</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Bon Secours Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>20-06</i>	
6. DATE OF DEATH IN BALTIMORE <i>5-4</i>		D. STREET ADDRESS (If rural, give location) <i>3038 Stafford St.</i>	
7. SEX <i>F.</i>	8. COLOR OR RACE <i>W.</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	10. DATE OF BIRTH <i>5-7-96</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House wife</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <i>William Edler</i>	
14. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		15. SOCIAL SECURITY NO.	
16. INFORMANT		ADDRESS	

18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <i>Cerebral Hemorrhage</i> DUE TO (B) <i>Hypertensive Cardiovascular Disease</i> DUE TO (C) <i>Arteriosclerosis</i>	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>12-12-51</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>12-12-51</i> , 1951, to <i>12-12</i> , 1951, that I last saw the deceased alive on <i>12-12</i> , 1951, and that death occurred at <i>2:40 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Daniellegarte</i>		23B. ADDRESS <i>Bon Secours Hospital</i>		23C. DATE SIGNED <i>12/12/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
<i>Burial</i>		<i>12/15/51</i>		<i>Greenwood Park</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 15 1951</i>		REGISTRAR'S SIGNATURE <i>William Williams, Jr.</i>		25. FUNERAL DIRECTOR <i>St. Charles & Son</i>	
				ADDRESS <i>1300 E. Bay</i>	

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RECEIVED

1000



425
51 10826
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10826
Registered No.

1. NAME OF DECEASED (Type or print) LANDON NELSON			2. DATE OF DEATH 12/12/51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE md B. COUNTY 14-03		
B. FULL NAME OF HOSPITAL OR INSTITUTION 606 Watermeyer Ct			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Balto		
C. Length of stay in Baltimore ?			D. STREET ADDRESS (If rural, give location) 606 Watermeyer Ct		
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 6/20/1877	9. AGE (In years last birthday) 74	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none			11. BIRTHPLACE (State or foreign country) S.C.		
12. CITIZEN OF WHAT COUNTRY? U.S.A			13. FATHER'S NAME ?		
14. MOTHER'S MAIDEN NAME ?			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		
16. SOCIAL SECURITY NO. none			17. INFORMANT Edith Bennett 606 Watermeyer Ct.		
18. 592X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Ch. Nephritis & uremia CAUSE OF DEATH (A) DUE TO (B) DUE TO (C) DUE TO INTERVAL BETWEEN ONSET AND DEATH					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11/19 , 19 51 , to 12/12 , 19 51 , that I last saw the deceased alive on 12/12 , 19 51 , and that death occurred at 8:4 m., from the causes and on the date stated above.					
23A. SIGNATURE B. M. R. [Signature]		23B. ADDRESS 239 [Address]		23C. DATE SIGNED 12/18/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/15/51		24C. NAME OF CEMETERY OR CREMATORY Int Calvary	
24D. LOCATION (City, town, or county) (State) Balto. Md		24E. FUNERAL DIRECTOR Geo. H. Nelson		24F. ADDRESS 1303 Presatman St. 131B	

MEDICAL CERTIFICATION

1934

1934

WALTER
CONGRESS
BOND
1934-1935

—X—

530
10827
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10827
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Maria Smith</i>		2. DATE OF DEATH <i>Dec. 12, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1122 N. Eden St</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>10-01</i>	
C. Length of stay in Baltimore <i>8 yrs</i>		D. STREET ADDRESS (If rural, give location) <i>1122 N. Eden St</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>April 13, 1889</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>62</i>
13. FATHER'S NAME <i>Jack Roberts</i>		11. BIRTHPLACE (State or foreign country) <i>Charlotte Co Va.</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>Nann Taylor</i>	
17. INFORMANT <i>Mrs. Bacon</i>		ADDRESS	

18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <i>Cerebral Thrombosis</i> DUE TO (B) <i>Hypertensive Cardiovascular Disease</i> DUE TO <i>Atherosclerosis</i> (C)	INTERVAL BETWEEN ONSET AND DEATH <i>24 hrs</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Nov. 1, 1951*, to *Dec 12, 1951*, that I last saw the deceased alive on *Dec 12, 1951*, and that death occurred at *8 P. m.*, from the causes and on the date stated above.

23A. SIGNATURE
F. K. Adams
M. D.

23B. ADDRESS
1222 N. Caroline St

23C. DATE SIGNED
12-15-51

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24B. DATE <i>Dec 15/51</i>	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State) <i>Shades Branch Va</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 15 1951</i>	REGISTRAR'S SIGNATURE <i>W. J. Williams</i>	25. FUNERAL DIRECTOR <i>Thos. G. Elliott & Daughter</i>	ADDRESS <i>1129 N. Caroline St 935</i>

MEDICAL CERTIFICATION

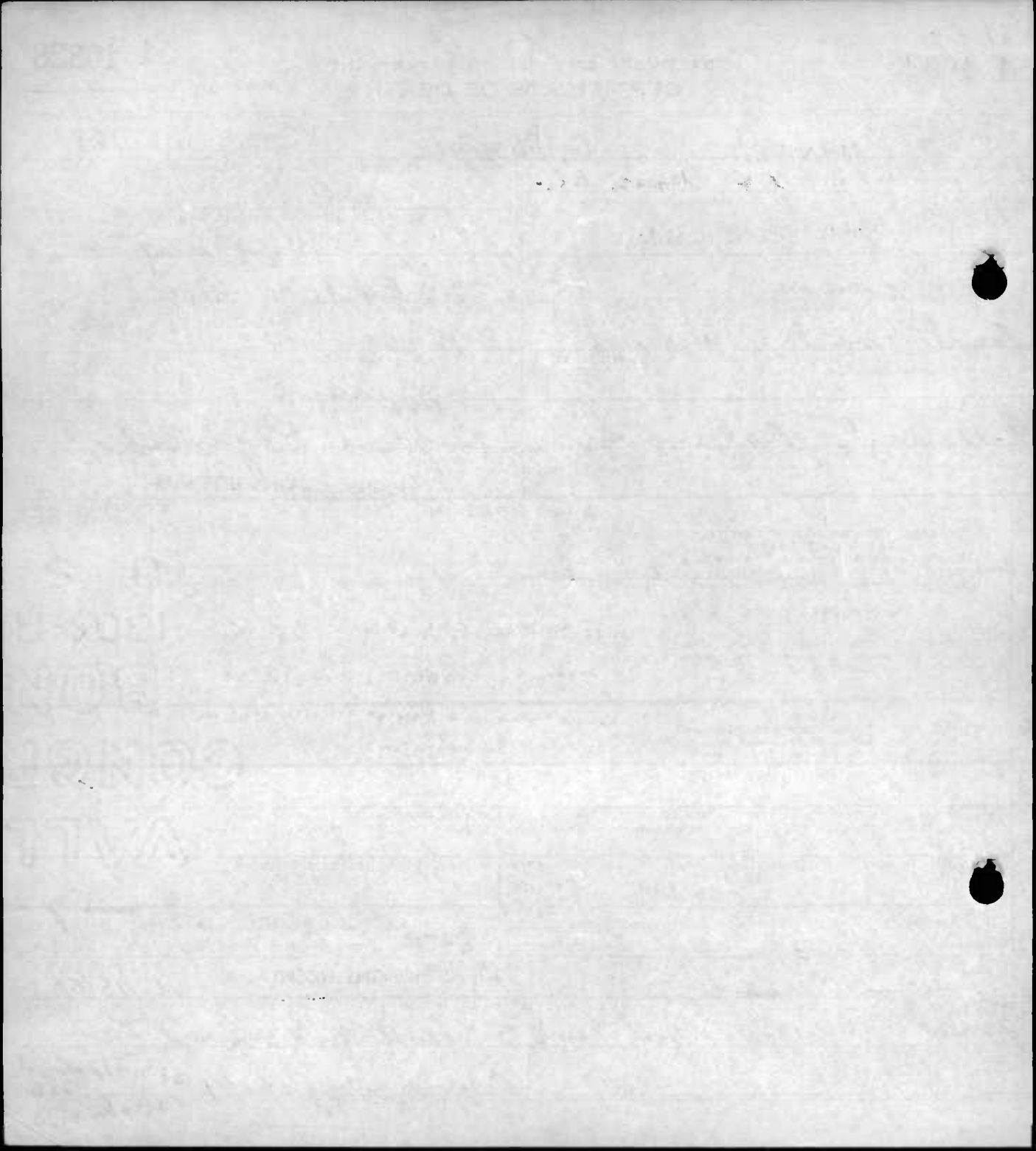
VALLEY
CONGRESS
BOND
BOOKING
U. S. A.

612
51 10828BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10828

Registered No.

1. NAME OF DECEASED (Type or Print) Hannah Grobstein			2. DATE OF DEATH DEC 15 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland A & Womel.			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE DC. B. COUNTY V-48		
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Washington		
C. Month of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 7710 Eastern Ave		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 2-18-09	9. AGE (In years last birthday) 42	If Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) Russia		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Samuel Malaskey			14. MOTHER'S MAIDEN NAME Sophia Pogrosky		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL		
18. 171X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Metastatic carcinoma spine DUE TO (C) Adenocarcinoma cervix uteri thromboses in inferior vena cava arteriosclerolysis					INTERVAL BETWEEN ONSET AND DEATH ? 1 yr. 2 1/2 yrs
19A. DATE OF OPERATION 2			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour)		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 7-3- 1951 , to 12-15- 1951 , that I last saw the deceased alive on 12-15- 1951 , and that death occurred at 2:25 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Lawrence Richardson			23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 12/15/51
24A. FUNERAL, CREMATION, REMOVAL (Specify)		24B. DATE Dec 17-1951	24C. NAME OF CEMETERY OR CREMATORY Math Memorial Park	24D. LOCATION (City, town, or county) (State) Falls Church Va	
DATE RECEIVED BY LOCAL REGISTRAR DEC 15 1951		REGISTRAR'S SIGNATURE Samuel Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Bernard Danzansky 3101-14th St NW Wash. D.C.	



500

MARYLAND STATE DEPARTMENT OF HEALTH

51 10829

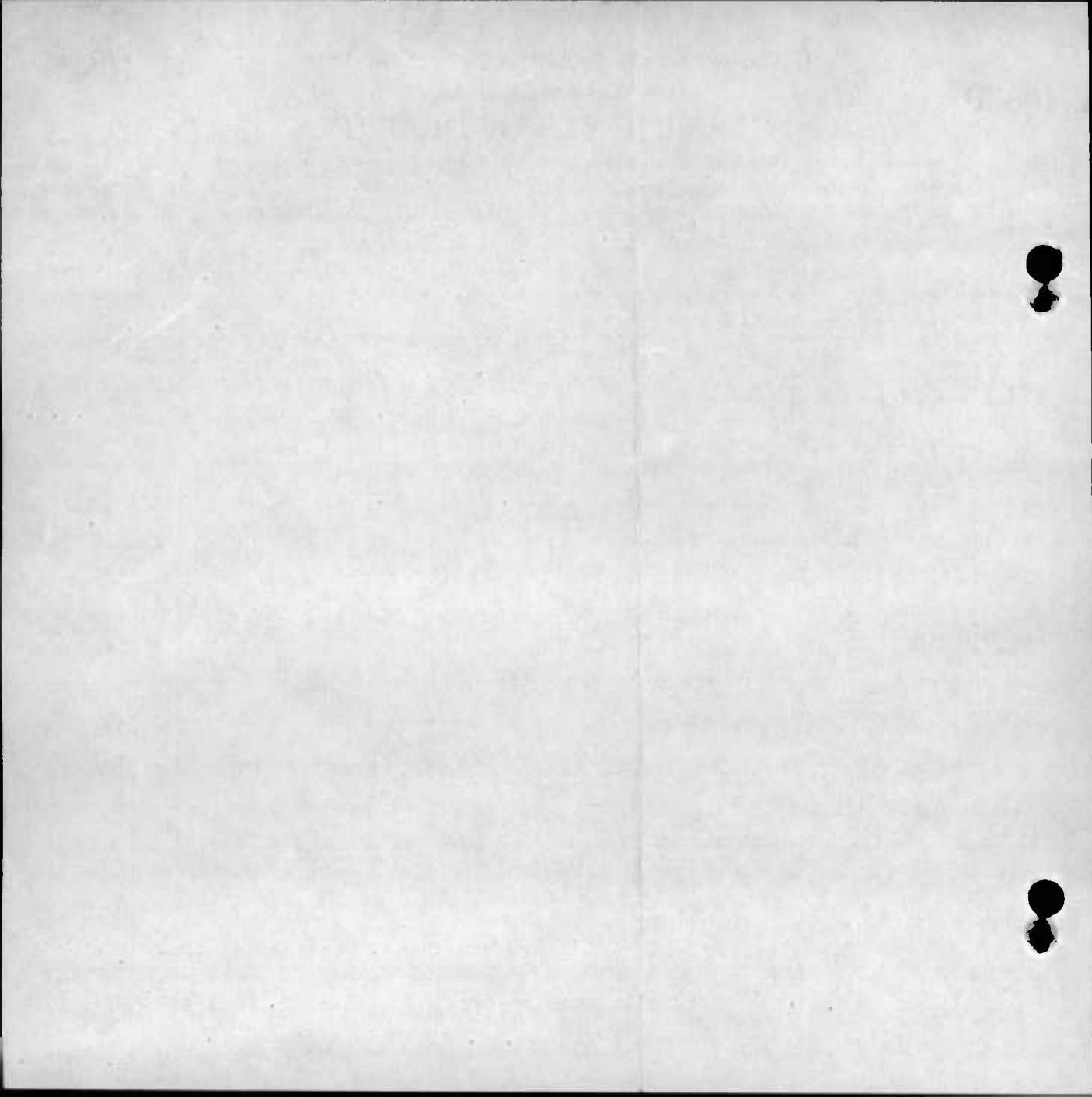
10829

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH COUNTY Baltimore		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland, COUNTY Worcester	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Catonsville		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Berlin	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hood Nursing Home		STREET ADDRESS (If rural, give location) 5313 Frederick Ave., Catonsville	
NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Mattie Purnell Rayne		4. DATE OF DEATH (Month) (Day) (Year) Dec. 15, 1951	
SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow	8. DATE OF BIRTH Dec. 20, 1871 79 yrs.
9. AGE last birthday Months Days Hours Min.		10. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Ocean City, Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME William Purnell		14. MOTHER'S MAIDEN NAME (nee) Davis	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS Mrs. Mattie S. Hudson, 3204 Gywnns Falls		18. MEDICAL CERTIFICATION	
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Cerebral Hemorrhage Antecedent cause(s) (b) Generalized Arterio Sclerosis stating the underlying cause last (c)		INTERVAL BETWEEN ONSET AND DEATH 3 days	
19. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
20. DATE OF OPERATION		21. MAJOR FINDINGS OF OPERATION	
22. ACCIDENT SUICIDE HOMICIDE (Specify)		23. PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
24. TIME (Month) (Day) (Year) (Hour) OF INJURY		25. INJURY OCCURRED While at Work <input type="checkbox"/> Not White At work <input type="checkbox"/>	
26. HOW DID INJURY OCCUR?			
27. I hereby certify that I attended the deceased from 9-16, 1951, to 12-15, 1951, that I last saw the deceased on 12-13, 1951, and that death occurred at 6 A.M., from the causes and on the date stated above.			
SIGNATURE James S. Howell		ADDRESS 715 Frederick Ave., Catonsville, Md.	
DATE SIGNED 12/15/51			
28. BURIAL, CREMATION REMOVAL (Specify) Burial		29. DATE THEREOF Dec. 17, 1951	
30. NAME OF CEMETERY OR CREMATORY Buckingham Cemetery		31. LOCATION (City, town, or county) (State) Berlin, Maryland	
32. DATE REC'D BY LOCAL REG. DEC 15 1951		33. REGISTRAR'S SIGNATURE J. O. Mitchell & Sons Inc.	
34. FUNERAL DIRECTOR J. O. Mitchell & Sons Inc.		35. ADDRESS 1900 Eutaw Place, Balto.	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 10830**

650
51 10830
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Melvin Brown				2. DATE OF DEATH Dec 15 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Prince George's	
B. FULL NAME OF (if not in hospital or institution, give street address or location) University Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Laurel	
C. Length of stay in Baltimore 5 weeks				D. STREET ADDRESS (If rural, give location) Bowie Road	
5. Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Aug 18 - 1896	9. AGE (In years last birthday) 55	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber		10B. KIND OF BUSINESS OR INDUSTRY Construction Bus	11. BIRTHPLACE (State or foreign country) Wash D.C.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John Brown			14. MOTHER'S MAIDEN NAME Athena King		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Margaret Duck Laurel Md		

18. E 962.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Liver Abscess (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Lung Abscess (B) DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) farm		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Laurel, Maryland
21D. TIME (Month) (Day) (Year) (Hour) July? 1951		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? Cave in of ditch

I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William V. Smith		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12-17-51	24C. NAME OF CEMETERY OR CREMATORY Everett Hill	24D. LOCATION (City, town, or county) (State) Laurel	
DATE RECEIVED BY LOCAL REGISTRAR DEC 15 1951		REGISTRAR'S SIGNATURE Thurston Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Mc Witt-Ronaldson Laurel Md

MEDICAL CERTIFICATION



51 10831

51 10831

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

1. NAME OF DECEASED (Type or Print) MAKROUKI KASPERIAN (Marie Kasperian)				2. DATE OF DEATH DEC. 14, 1951			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTO			
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2431 ST. PAUL ST., BALTO., Md.				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO 12-03			
C. Length of stay in Baltimore ? Yrs. ? Mos. ? Days ?				D. STREET ADDRESS (If rural, give location) 2431 ST. PAUL ST.			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH about 1870	9. AGE (In years last birthday) 81	If Under 1 Year: Months ? Days ? If Under 24 Hours: Hours ? Min. ?	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Turkish Armenia		12. CITIZEN OF WHAT COUNTRY? ?	
13. FATHER'S NAME George Khicerian				14. MOTHER'S MAIDEN NAME Taliu Soujian			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Lucy Lucinian ADDRESS 2431 St. Paul St.			

1B. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) RENAL INSUFFICIENCY DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CARDIAC INSUFFICIENCY DUE TO ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH MONTHS YEARS YEARS
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from JULY 1, 1951 , to DEC. 7, 1951 , that I last saw the deceased alive on DEC. 7, 1951 , and that death occurred at ? m., from the causes and on the date stated above.					
23A. SIGNATURE Gene U. Cohen		23B. ADDRESS W. D. Women of Md., Balto. 17.		23C. DATE SIGNED Dec. 15, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12/17/51	24C. NAME OF CEMETERY OR CREMATORY Parkwood Cem.	24D. LOCATION (City, town, or county) (State) Balto., Md. 92D		
DATE RECEIVED BY LOCAL REGISTRAR DEC 16 1951	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Edm. J. Tichener & Sons - Balto Md.			

VS 150

N.B. Death Certificate signing approved (phone call today) by Dr. Lovett, asst Med. Examiner. **G. U. Cohen**

MEDICAL CERTIFICATION

DEPARTMENT OF THE ARMY

OFFICE OF THE SECRETARY OF THE ARMY

WASHINGTON, D. C.

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51 10832

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10832

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Fred Williams

2. DATE
OF
DEATH

Dec. 14, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Florida

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION U.S. Public Health Service

Hospital, Baltimore 11, Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Apalachicola, Florida

D. STREET ADDRESS (If rural, give location)

196 Seventh Street

C. Length of stay in Baltimore

4

Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

August 22, 1912

9. AGE (In years last birthday)

39

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Seaman

10B. KIND OF BUSINESS OR INDUSTRY

Seafaring

11. BIRTHPLACE (State or foreign country)

Florida

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Charles Williams

14. MOTHER'S MAIDEN NAME

Lizzie Allen

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Unknown

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Records, US PHS Hospital, Balto., Md.

18. 150X CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Hemorrhage, massive

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

10 mins.

ANTECEDENT CAUSES

(B)

Carcinoma of esophagus

DUE TO

Unkn.

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., to or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sep. 12, 1951, to Dec. 14, 1951, that I last saw the deceased alive on Dec. 14, 1951, and that death occurred at 12:25 P. from the causes and on the date stated above.

23A. SIGNATURE

John L. Wilson, Med. Director, Clinical

23B. ADDRESS

U.S. Public Health Service Hosp. 12-14-51

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

12/22/51

24C. NAME OF CEMETERY OR CREMATORY

Llew Hill

24D. LOCATION (City, town, or county)

Palau Springs, Fla.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

T. H. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Charles R. Law - 802 mad. ave.

Y 9 10
1000000
BOND
GOLD
VALLEY

51 10833

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10833
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

AMANDA V. KUHL

2. DATE
OF
DEATH

Dec. 14, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Windsor Rest Home

3025 Windsor Ave.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

848 Whitmore Ave.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Aug. 19, 1860

9. AGE (In years
last birthday)

91

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George Boblitz

14. MOTHER'S MAIDEN NAME

Harriet Stiffler

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

no

17. INFORMANT

ADDRESS

Mrs. Virginia E. Powell - 4639 Coleherne Rd.

18. 422.2 and 154X
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) DUE TO

(B) DUE TO

(C) DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

years

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Cancer Rectum

years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1951, to Dec 14, 1951, that I last saw the
deceased alive on Dec 14, 1951, and that death occurred at 7 A m., from the causes and on the date stated above.

23A. SIGNATURE

E. Mendel's M. D.

23B. ADDRESS

651 N Bentalon

23C. DATE SIGNED

12/15/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/18/51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Baltto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Vickner & Sons

ADDRESS

467 Baltto 17, Md.

VS 150

MEDICAL CERTIFICATION

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
OFFICE OF THE REGISTRAR
ALBANY, N. Y.

STATE OF NEW YORK

DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS
OFFICE OF THE REGISTRAR
ALBANY, N. Y.

51 10834

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10834
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

REBECCA (REBA) REEVES FOARD

2. DATE
OF
DEATH

Dec. 15, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE 3022 Baker St.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3022 Baker St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Oct. 29, 1883

9. AGE (In years last birthday)

68

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

New Jersey

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Samuel C. Allen

14. MOTHER'S MAIDEN NAME

Mary Reeves

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

none

17. INFORMANT

ADDRESS

Mr. J. W. Foard-3022 Baker St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Carcinoma of uterus
& Meigs' Syndrome

17 1/2 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Myoma of uterus
Chronic myocarditis with
decompensation

15 mos

(C) DUE TO

Chronic myocarditis
with decompensation

?

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 27, 1951, to Oct. 15, 1951, that I last saw the deceased alive on Sept. 14, 1951, and that death occurred at 2:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12/18/51

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Cem.

24D. LOCATION (City, town, or county) (State)

Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 16 1951

J. H. Williams, Jr.

J. M. J. Vickers & Sons

48 B Balto Md

CERTIFICATE OF DEATH

George W. ...
1111 ...
...
...
...
...

Witnessed by ...
...
...

51 10835

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10835

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Thomas Jones

2. DATE
OF
DEATH

Dec. 14, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2804 Harford Road

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov. 10, 1883

9. AGE (in years
last birthday)

68

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired - Hoisting Engineer

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Whiteford, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John T. Jones

14. MOTHER'S MAIDEN NAME

Susan Poff

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Sallie D. Jones - 2804 Harford Rd.

18. 422.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardio-vascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Generalized arteriosclerosis

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from 12/3/1951 to 12/14/1951 that I last saw the
deceased alive on 12/14/1951 and that death occurred at 7:45 A.M. from the causes and on the date stated above.

23A. SIGNATURE

C. R. Coffey Jr.

M. D.

23B. ADDRESS

1400 N. Caroline St.

23C. DATE SIGNED

12/14/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

12/17/51

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cem.

24D. LOCATION (City, town, or county)

Balto., Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wm. J. Vickner & Sons

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Vickner & Sons

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51 10836

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10836
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

HENRIETTA BURNETTE

2. DATE
OF
DEATH

DEC 12, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

OSL-3

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

5-01

C. Length of stay in Baltimore

Six

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1202 JEFFERSON CT.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

FEMALE Colored

WIDOWED

1-27-17

34

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

Housewife

at Home

ind

U.S.A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

no

no

no

JOHNS HOPKINS HOSPITAL

18. 490X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A)

Viral Pneumonia - LLL & LUL

6-7 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Malignant Hypertension

approx
5 mos

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 10-5-1951, to 12-12-1951, that I last saw the
deceased alive on 12-12-1951, and that death occurred at 3:45 am, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Dudley P. Jackson M. D.

JOHNS HOPKINS HOSPITAL

12/12/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

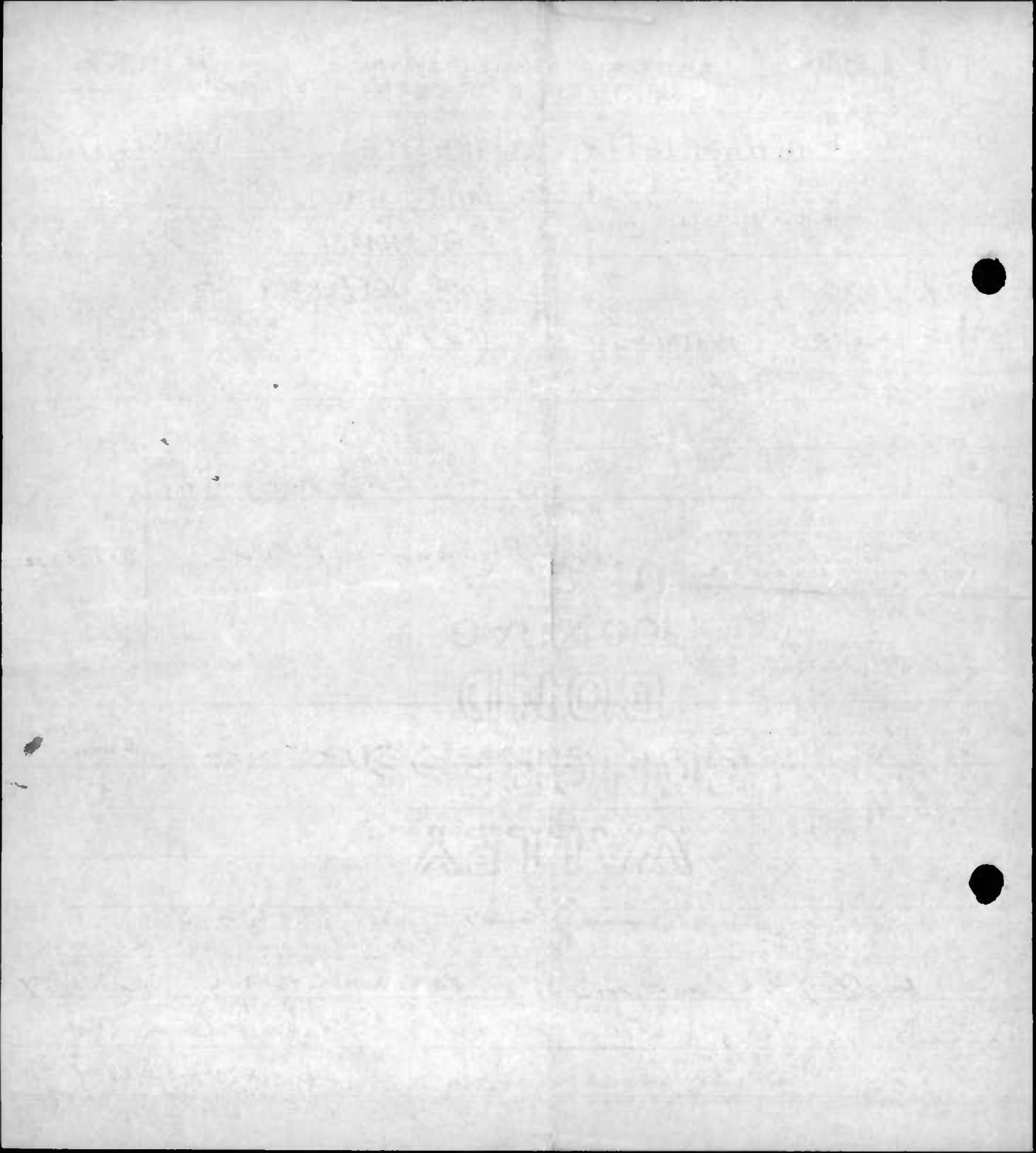
FUNERAL DIRECTOR

ADDRESS

DEC 16 1951

Huntington Williams, M.D.

Chas. O. Wilson 1000 Brantley



520
51 10837BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 10837

BIRTH NO.			1. NAME OF DECEASED (Type or Print) JAMES MCKENERY OWENS			2. DATE OF DEATH DEC 15 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland Med. Dist 2			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Baltimore					
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL			C. CITY OR TOWN Westminster			(If outside corporate limits, write RURAL and give township)		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 43 UNION ST.			5641		
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 4-5-04	9. AGE (In years last birthday) 47	If Under 1 Year Months: Days		If Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer			10B. KIND OF BUSINESS OR INDUSTRY sterilization			11. BIRTHPLACE (State or foreign country) Md.		
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME Ernest Owens			14. MOTHER'S MAIDEN NAME Effie Cross		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. ?			17. INFORMANT JOHNS HOPKINS HOSPITAL		
18. 42011			CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)			(A) Pulmonary embolism			5 minutes		
ANTECEDENT CAUSES			(B) myocardial infarct			12 days		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(C) arteriosclerotic hypertension			4 yrs		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			cardiovascular disease					
diabetes mellitus								
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour)			21E. INJURY OCCURRED			21F. HOW DID INJURY OCCUR?		
WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>								
22. I hereby certify that I attended the deceased from 11-30-1951 , to 12-15-1951 , that I last saw the deceased alive on 12-15-1951 , and that death occurred at 6:45 A.M. , from the causes and on the date stated above.								
23A. SIGNATURE Richard J. Johns			23B. ADDRESS JOHNS HOPKINS HOSPITAL			23C. DATE SIGNED 15 Dec 51		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE Dec 18-51			24C. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery		
24D. LOCATION (City, town, or county) (State) New Market, Md			24E. REGISTRAR'S SIGNATURE Huntington Williams, M.D.			25. FUNERAL DIRECTOR J. E. Myers, Westminster		
DATE RECEIVED BY LOCAL REGISTRAR DEC 16 1951			940 55			61 - Md.		

1944

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1957

426 51 10838

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10838

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Sam (Samuel) Walker</u>			2. DATE OF DEATH <u>Dec 13 1951</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Balto. City</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) A. STATE <u>Maryland</u> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>1615 Milliman Street</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
C. Length of stay in Baltimore <u>12 Yrs.</u>			D. STREET ADDRESS (If rural, give location) <u>1615 Milliman Street</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Col.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March-1885</u>		9. AGE (In years last birthday) <u>66</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Janitor</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Church</u>	11. BIRTHPLACE (State or foreign country) <u>South Hill Va</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Unkown</u>			14. MOTHER'S MAIDEN NAME <u>Jennie Walker</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <u>Nennie Walker 1615 Milliman St</u>		

18. <u>151X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) <u>Cardiome Aromach</u> DUE TO (B) <u>Arteriosclerotic heart disease ?</u> DUE TO (C) <u>Anemia Cachexia</u>	INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u> <u>6 mo</u>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>1930</u> , 19 <u>50</u> , to <u>Dec 13</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Dec 12</u> , 19 <u>51</u> , and that death occurred at <u>12:01 p.m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>[Signature]</u>		23B. ADDRESS <u>1422 S. Doo</u>		23C. DATE SIGNED <u>12/14/51</u>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>12/17/1951</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Mt Olivet Cem.</u>	24D. LOCATION (City, town, or county) (State) <u>Merchant Virginia</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>DEC 16 1951</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR <u>Elroy S. Wilson 1000 Beatty Ave</u>

REPORT OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of informant		11. Signature of registrar		12. Signature of witness	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery	
16. Signature of mortician		17. Signature of embalmer		18. Signature of transporter	
19. Signature of interment		20. Signature of burial		21. Signature of cremation	
22. Signature of disposition		23. Signature of remains		24. Signature of crematorium	
25. Signature of cremation		26. Signature of remains		27. Signature of crematorium	
28. Signature of cremation		29. Signature of remains		30. Signature of crematorium	
31. Signature of cremation		32. Signature of remains		33. Signature of crematorium	
34. Signature of cremation		35. Signature of remains		36. Signature of crematorium	
37. Signature of cremation		38. Signature of remains		39. Signature of crematorium	
40. Signature of cremation		41. Signature of remains		42. Signature of crematorium	
43. Signature of cremation		44. Signature of remains		45. Signature of crematorium	
46. Signature of cremation		47. Signature of remains		48. Signature of crematorium	
49. Signature of cremation		50. Signature of remains		51. Signature of crematorium	
52. Signature of cremation		53. Signature of remains		54. Signature of crematorium	
55. Signature of cremation		56. Signature of remains		57. Signature of crematorium	
58. Signature of cremation		59. Signature of remains		60. Signature of crematorium	
61. Signature of cremation		62. Signature of remains		63. Signature of crematorium	
64. Signature of cremation		65. Signature of remains		66. Signature of crematorium	
67. Signature of cremation		68. Signature of remains		69. Signature of crematorium	
70. Signature of cremation		71. Signature of remains		72. Signature of crematorium	
73. Signature of cremation		74. Signature of remains		75. Signature of crematorium	
76. Signature of cremation		77. Signature of remains		78. Signature of crematorium	
79. Signature of cremation		80. Signature of remains		81. Signature of crematorium	
82. Signature of cremation		83. Signature of remains		84. Signature of crematorium	
85. Signature of cremation		86. Signature of remains		87. Signature of crematorium	
88. Signature of cremation		89. Signature of remains		90. Signature of crematorium	
91. Signature of cremation		92. Signature of remains		93. Signature of crematorium	
94. Signature of cremation		95. Signature of remains		96. Signature of crematorium	
97. Signature of cremation		98. Signature of remains		99. Signature of crematorium	
100. Signature of cremation		101. Signature of remains		102. Signature of crematorium	

51 10839

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10839
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) WINSTON W. FRYE		2. DATE OF DEATH Dec. 13, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 22-02			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 673 Washington Boulevard			
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Jan 12, 1949	9. AGE (In years last birthday) 2	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore, Md	
13. FATHER'S NAME Lee R. Frye		14. MOTHER'S MAIDEN NAME Doris M. Haghurst			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Winston W Frye 673 Washington Blvd	

18. E916.0 I CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Asphyxia due to carbon monoxide
DUE TO poisoning and burning

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?
YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 673 Washington Boulevard 22/2
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Dec. 13, 1951 - 7:00 A.m.	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK AT WHILE <input checked="" type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR? Conflagration

I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE R. S. Fisher	23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED Dec. 13, 1951
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12/16/51	24C. NAME OF CEMETERY OR CREMATORY Baltimore National Frederick Rd	24D. LOCATION (City, town, or county) (State) Md
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DATE RECEIVED BY LOCAL REGISTRAR DEC 16 1951	REGISTRAR'S SIGNATURE L. H. Williams, Jr.	25. FUNERAL DIRECTOR Charles W. Jacobson	ADDRESS 703 McHenry
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0250 11

0250 11

CONFIDENTIAL

48-01025

[Faint, mostly illegible handwritten text, possibly a letter or report.]

[Faint, mostly illegible handwritten text, possibly a letter or report.]

51 10840

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10840

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Bertha Baumgarten

2. DATE

OF DEATH Dec. 14, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

The Mount Nursing Home

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3706 Nottingham Rd.
The Mount Nursing Home

C. Length of stay in Baltimore

50 Yrs

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Aug. 21, 1874

9. AGE (in years last birthday)

77

If Under 1 Year Months: Days Hours: Min.

3 23

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

New York

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Abraham Wechsler

14. MOTHER'S MAIDEN NAME

Amelia Hilner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO. (If yes, give war or dates of service)

None

17. INFORMANT

ADDRESS

Edward Putzel American Bldg Balti.

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Cerebro-vascular Hemorrhage
DUE TO

8 mo

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertension C-V Disease
DUE TO
(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1950, 19, to 12/14, 1951, that I last saw the deceased alive on 12/14, 1951, and that death occurred at 9A m., from the causes and on the date stated above.

23A. SIGNATURE

Edward J. Talcott

M. O.

23B. ADDRESS

1847 W. North Ave

23C. DATE SIGNED

12/15/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 16, 1951

24C. NAME OF CEMETERY OR CREMATORY

Balti. Hebrew Cemetery Belair Rd. Balti., Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

H. H. Williams, M.D.

FUNERAL DIRECTOR

David R. Martin 1902 Place, Balti.

ADDRESS

Eutaw

51 10841

51 10841

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give
township)

C. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.17. INFORMANT
ADDRESS

18. 754.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Cardiac Failure

2 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

Congenital Heart Disease

Since birth

DUE TO

(C)

(Dilatation of Aorta)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

12/15/51

Pulmonic Stenosis

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 12-13-, 1951, to 12-15-, 1951, that I last saw the
deceased alive on 12-15-, 1951, and that death occurred at 7:35 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Removal

Dec 18, 1951

Montreal, Canada

Montreal, Canada

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

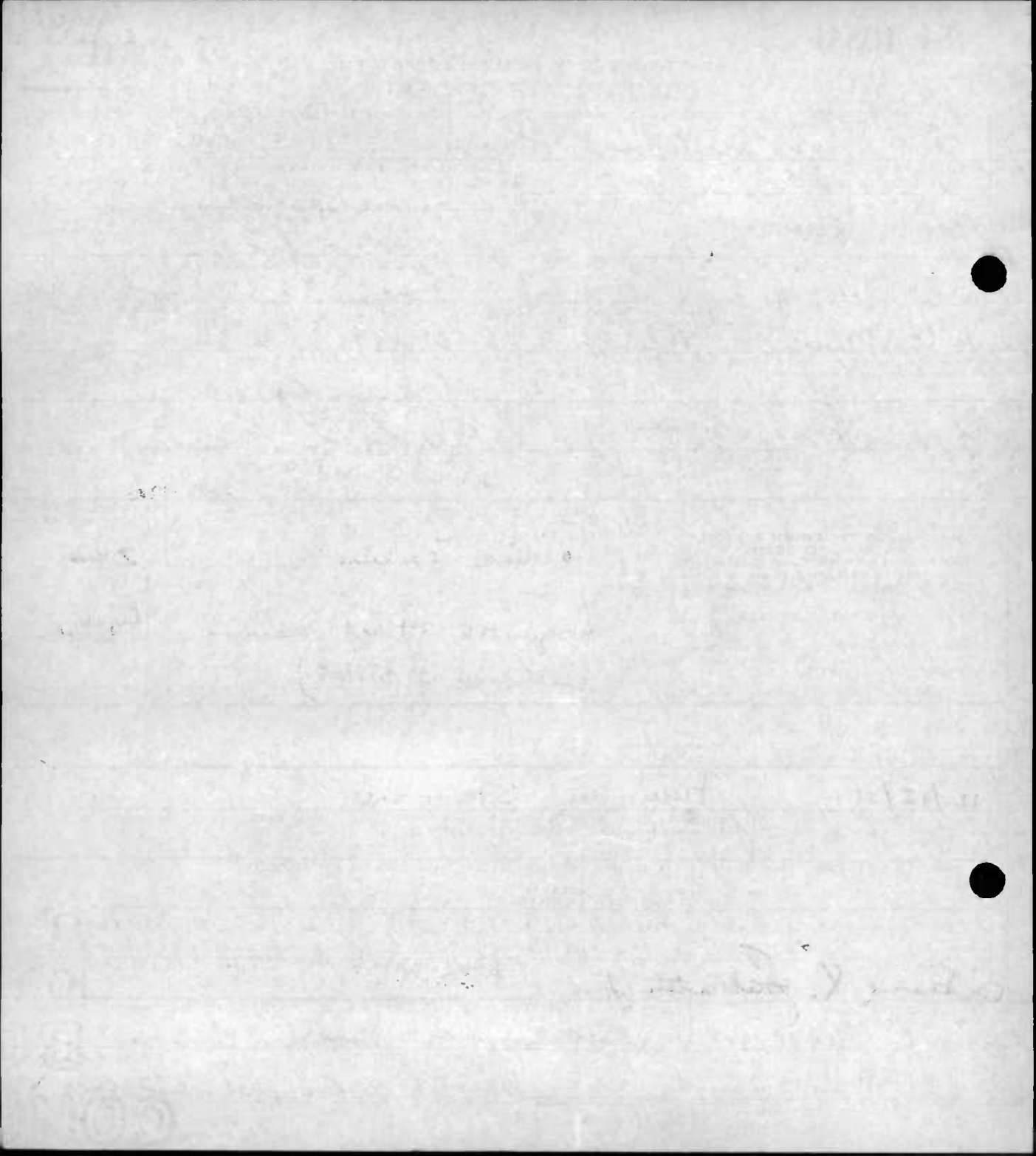
25. FUNERAL DIRECTOR

ADDRESS

DEC 16 1951

Thurston Williams, M.D.

Daniel P. Martin 1902 E. Howard place Balt



To be approved by Medical Examiner!

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10842

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Catherine Loera = LORIERO = LAUPER-COSTA

2. DATE OF DEATH 12-14-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE MD

B. COUNTY

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Maryland Gen. Hosp.

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 10-01

7. LENGTH OF STAY IN BALTIMORE (Yrs. Mos. Days)

40 Yrs

8. STREET ADDRESS (If rural, give location)

1013 Forest St. #12

9. SEX

F

10. COLOR OR RACE

Wh.

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Wid

12. DATE OF BIRTH

April 19-1882

13. AGE (In years, last birthday)

69

14. If Under 1 Year Months Days

15. If Under 24 Hours Hours Min.

16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

STORE KEEPER

17. KIND OF BUSINESS OR INDUSTRY

GROCERY

18. BIRTHPLACE (State or foreign country)

Italy

19. CITIZEN OF WHAT COUNTRY?

20. FATHER'S NAME

?

IR

21. MOTHER'S MAIDEN NAME

?

22. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

23. SOCIAL SECURITY NO.

24. INFORMANT

ADDRESS

JOSEPHINE MOSCA 407 C. CHASE ST

25. 331X and E 903.0 CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Cerebro-Vascular Accident

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

3 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerosis

DUE TO

CERTIFICATE APPROVED BY
William V. Smith MD
Pres. Med. Examiner

CHIEF OR ASST. MEDICAL EXAMINER.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Fract Rt. Humerus.

26. DATE OF OPERATION

27. MAJOR FINDINGS OF OPERATION

28. AUTOPSY?

YES ☐ NO ☒

29. ACCIDENT, SUICIDE, HOMICIDE (Specify)

Acc.

30. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Home.

31. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

1013 Forest St. Baltimore.

32. TIME (Month) (Day) (Year) (Hour)

2/5/51

33. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

34. HOW DID INJURY OCCUR?

Slipped & fell to floor.

35. I hereby certify that I attended the deceased from 12/8, 1951, to 12/14, 1951, that I last saw the deceased alive on 12/14, 1951, and that death occurred at 8:40 P.M., from the causes and on the date stated above.

36. SIGNATURE

M. D.

37. ADDRESS

Maryland Gen Hosp

38. DATE SIGNED

12/14/51

39. BURIAL, CREMATION, REMOVAL (Specify)

Burial

40. DATE

12-18-51

41. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

42. LOCATION (City, town, or county)

Blaine Rd Baltimore

43. DATE RECEIVED BY LOCAL REGISTRAR

44. REGISTRAR'S SIGNATURE

William V. Smith MD

45. FUNERAL DIRECTOR

ADDRESS

Edward Joulson 1359 Wash Blvd Baltimore

VS 150

JAN 2 1952

N-812.0 2906A

186a

MEDICAL CERTIFICATION

3200-10

3201-10

7450-10



460
51 10843BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10843
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>William E Mueller</i>		2. DATE OF DEATH <i>Dec 15, 1951</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY _____	
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>S. B. Semmes Hospital</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto</i> <i>23-01</i>	
c. Length of stay in Baltimore <i>Life</i>		d. STREET ADDRESS (If rural, give location) <i>1415 Kanawha St</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Sept 2, 1892</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Baker</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Self employed</i>	9. AGE (In years last birthday) <i>59</i>
13. FATHER'S NAME <i>Conrad Mueller</i>		11. BIRTHPLACE (State or foreign country) <i>Balto</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		12. CITIZEN OF WHAT COUNTRY? <i>US</i>	
16. SOCIAL SECURITY NO. <i>No</i>		14. MOTHER'S MAIDEN NAME <i>Mary Toepfer</i>	
17. INFORMANT <i>Mrs Ade. Mueller</i>		ADDRESS <i>1415 Kanawha St</i>	

18. <i>422.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH <i>Myocardial Degeneration</i> (A) _____ DUE TO _____ INTERVAL BETWEEN ONSET AND DEATH _____	19. <i>2</i> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>arteriosclerosis</i> (B) _____ DUE TO _____ <i>cardiovascular disease.</i> (C) _____
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Not a Medical Examiner's Case</i> <i>William V. Smith MD</i>	

19A. DATE OF OPERATION <i>6</i>		19B. MAJOR FINDINGS OF OPERATION <i>Aut Med. Examiner -</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) _____ INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>May</i> , 19 <i>46</i> , to <i>Sept</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>4th</i> , 19 <i>51</i> , and that death occurred at <i>7 a.</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Louis J. Smith</i> M. D.		23B. ADDRESS <i>E. Randall</i>		23C. DATE SIGNED <i>12/15/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Dec 16, 1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Linden Pk</i>	
24D. LOCATION (City, town, or county) <i>Balto</i>		24E. (State) <i>MD</i>		25. FUNERAL DIRECTOR <i>A. Harold Evans</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 16 1951</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		ADDRESS <i>1410 S. Charles</i>	

VALLEY

CONCRETE

BOND

1003146

51 10844

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10844

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ida Ballenger McAuliffe

2. DATE
OF
DEATH

Dec. 14, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

none

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

St. Paul Nursing Home

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

2305 St. Paul St.

8. STREET ADDRESS (If rural, give location)

309 E. 30th St.

C. Birth of stay in Baltimore

44 Year
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

4/14/69

9. AGE (In years
last birthday)

82

If Under 1 Year If Under 24 Hours
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Mechanicsville, Md.

12. CITIZEN OF
WHAT COUNTRY?
U. S.

13. FATHER'S NAME

John F. Ballenger

14. MOTHER'S MAIDEN NAME

Margaret Barker

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT
Walter A. Harman

ADDRESS

309 E. 30th St.

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

generalized arteriosclerosis

INTERVAL BETWEEN
ONSET AND DEATH

1 yr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(A)
DUE TO
(B)
DUE TO
(C)

PARKINSON'S DISEASE

50 yr.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from Jan 1951, 19 51 to Dec. 14, 1951, that I last saw the
deceased alive on Dec. 13, 19 51 and that death occurred at 7:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

2431 Maryland Ave.

23C. DATE SIGNED

12/15/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
burial

24B. DATE

12/17/51

24C. NAME OF CEMETERY OR CREMATORY

All Faith Church

24D. LOCATION (City, town, or county) (State)

near Charlotte Hall, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

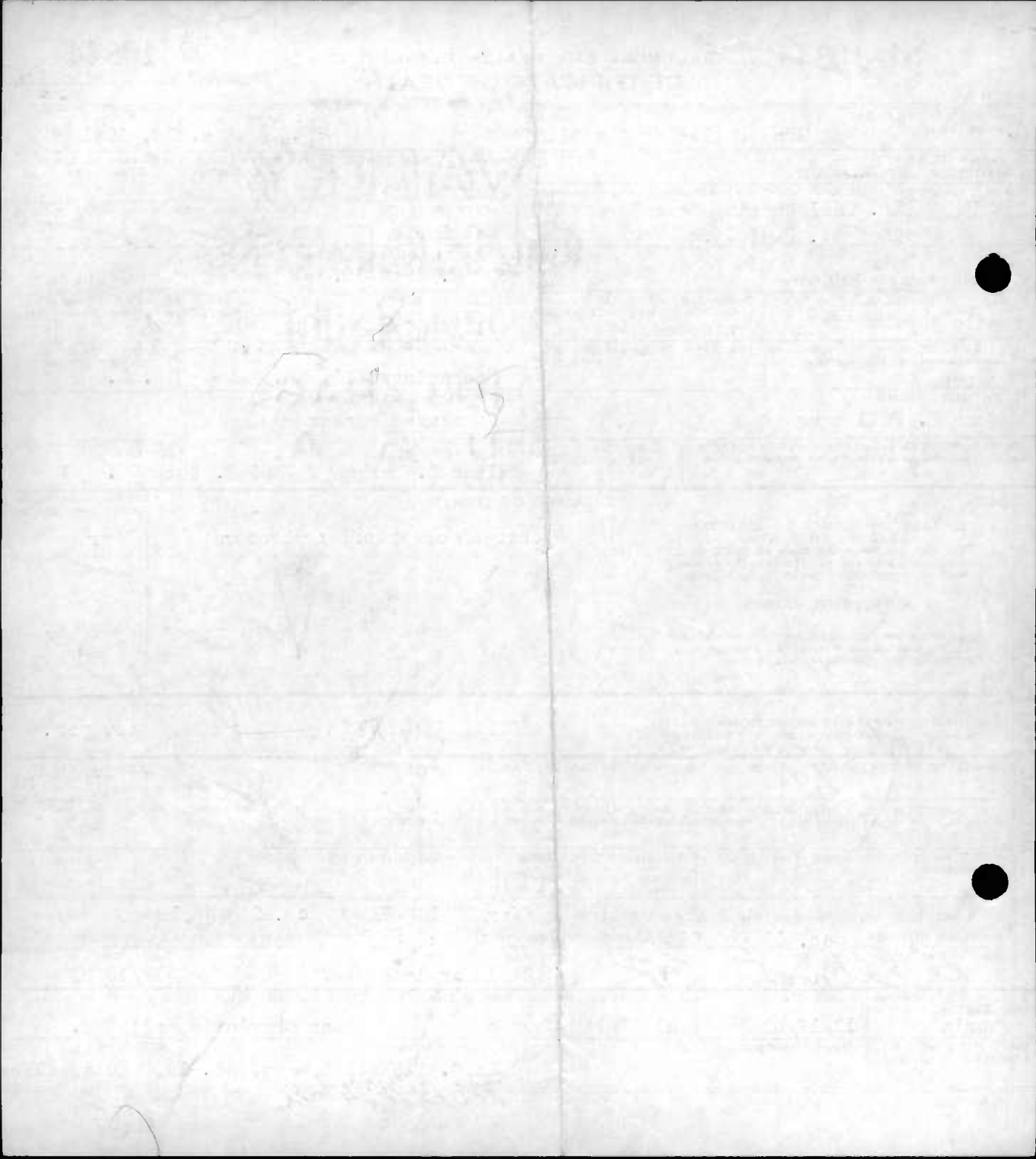
25. FUNERAL DIRECTOR

ADDRESS

John O. Mitchell & Sons, Inc.-1900 Eutaw Place

Dr. E. Ellsworth Cook

87c



300

51 10845

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10845

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Margaret M. White

2. DATE
OF
DEATH

Dec. 14, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION2520 Greenmount Ave.
Southern Hospital & Home

Maryland

none

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

16-05

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Oct. 22, 1866

9. AGE (In years
last birthday)

85

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Cincinnati, O.

12. CITIZEN OF
WHAT COUNTRY?

U. S.

13. FATHER'S NAME

Richard E. Groons

14. MOTHER'S MAIDEN NAME

Agnes McGoverney

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give year or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Richard White, 52 Portship Rd., Dundalk Md.

18. 482X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Intestinal LaGrippe

5 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Virus Infection

5 days

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerosis

Unknown

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

INJURY

m.

WHILE AT

WORK ☐

NOT WHILE

AT WORK ☐22. I hereby certify that I attended the deceased from Dec. 10th, 1951, to Dec. 14th, 1951, that I last saw the
deceased alive on Dec. 14th, 1951, and that death occurred at 8 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

401 E. 25th St.

12/15/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

12/17/51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

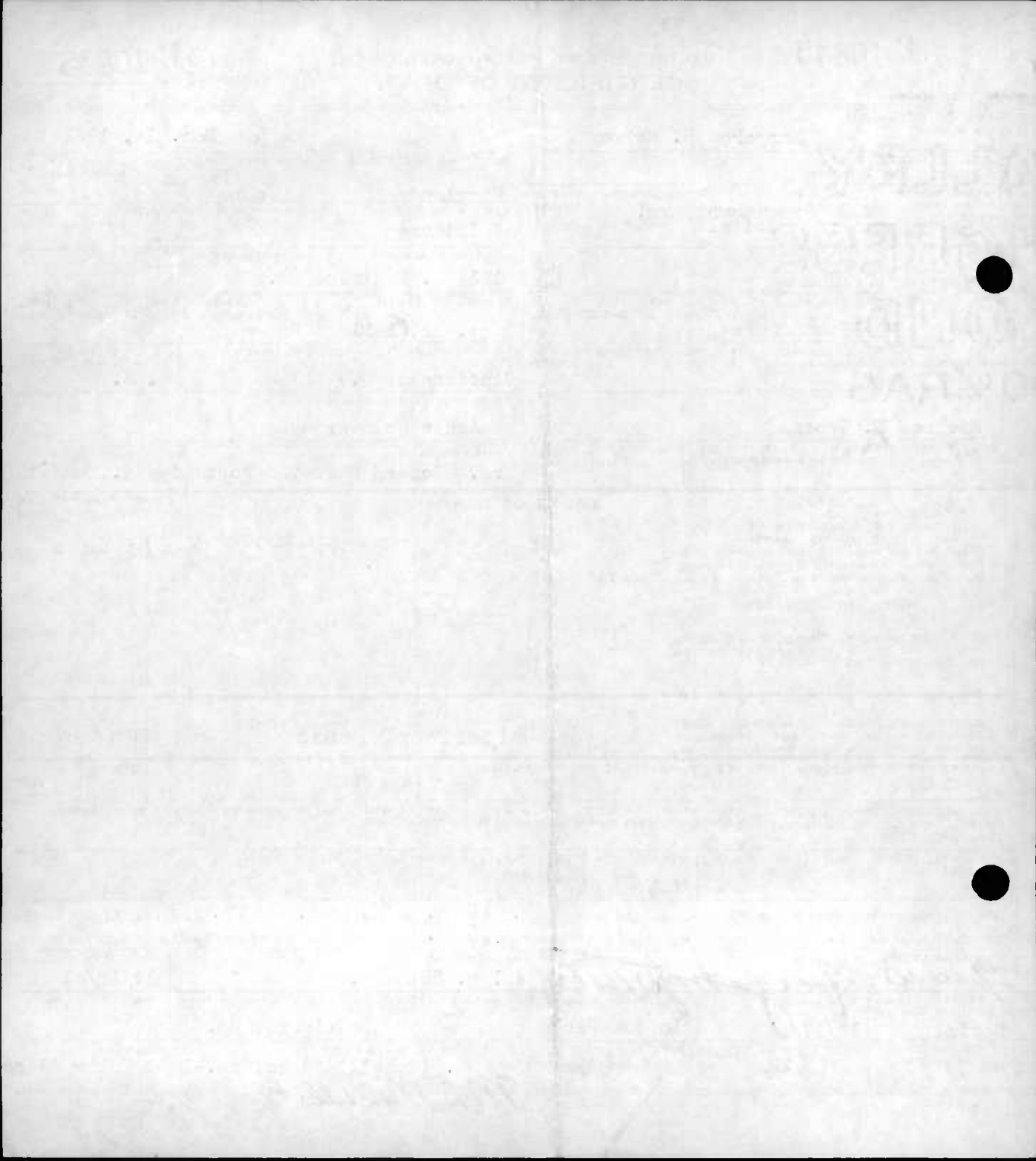
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 16 1951

John O. Mitchell & Sons, Inc.-1900 Eutaw Place



51 10846

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10846

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Catherine Doyle			2. DATE OF DEATH Dec. 13th, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY City		
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 401 E. 22nd., Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-04		
6. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 401 E. 22nd., Street		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 1876	9. AGE (in years last birthday) 75	If Under 1 Year Months: 7 Days: If Under 24 Hours Hours: Min:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME James Clancy			14. MOTHER'S MAIDEN NAME Catherine O'Malley		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT ADDRESS Edward Clancy-401 E. 22nd., Street Balto: Md.		

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH 12 hours
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerotic Cardio-vascular Disease	(B) Arteriosclerotic Cardio-vascular Disease DUE TO (C) Vascular Disease	10 yrs.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 12-13 , 19 51 , to 12-17 , 19 51 ; that I last saw the deceased alive on 12-13 , 19 51 , and that death occurred at 11:30 p.m. , from the causes and on the date stated above.				
23A. SIGNATURE J. J. [Signature]		23B. ADDRESS 11 E. Chase St.		23C. DATE SIGNED 11-15-51

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY St. Ignatius Cemetery	24D. LOCATION (City, town, or county) (State) Hickory, Harford Co. Md.
DATE RECEIVED BY LOCAL REGISTRAR DEC 16 1951	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR ADDRESS George J. Ruth, Inc.-1735 Harford Avenue	

George J. Smith, Inc. - 1735 Bedford Avenue
New York 17, N.Y.

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100-1001-1001

51 10847

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10847
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mary Leary			2. DATE OF DEATH 12-14-1951		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY City		
5. FULL NAME OF HOSPITAL OR INSTITUTION 1806 Aiken Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
6. Length of stay in Baltimore 50 yrs.			D. STREET ADDRESS (If rural, give location) 1806 Aiken Street		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug. 8th., 1869	9. AGE (In years last birthday) 82	10. Under 1 Year Months: 4 Days: 5
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House maid			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) Ireland			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME John Leary			14. MOTHER'S MAIDEN NAME Elizabeth Curran		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO. None		
17. INFORMANT Miss Elizabeth Leary-1806 Aiken Street			ADDRESS		

18. 170x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma, right breast DUE TO	CAUSE OF DEATH Carcinoma, right breast	INTERVAL BETWEEN ONSET AND DEATH 9 mos.
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Generalized arteriosclerosis DUE TO		

20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
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19A. DATE OF OPERATION 12-17-1951	19B. MAJOR FINDINGS OF OPERATION Generalized arteriosclerosis	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 1520 E. 33rd St.	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 12-12-1951	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1. 6**, 19**43**, to **12. 14**, 19**51**; that I last saw the deceased alive on **12. 12**, 19**51** and that death occurred at **10 A. m.**, from the causes and on the date stated above.

23A. SIGNATURE H. H. Greninger	23B. ADDRESS 1520 E. 33rd St.	23C. DATE SIGNED 12-16-51
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12-17-1951	24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery	24D. LOCATION (City, town, or county) (State) Edmondson Ave. Balto: Md.
DATE RECEIVED BY LOCAL REGISTRAR 12-16-51	REGISTRAR'S SIGNATURE Thurston Williams	25. FUNERAL DIRECTOR George J. Ruth, Inc.	ADDRESS -1735 Harford Avenue

10-1-1941

WID

WID

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1900 1900 1900

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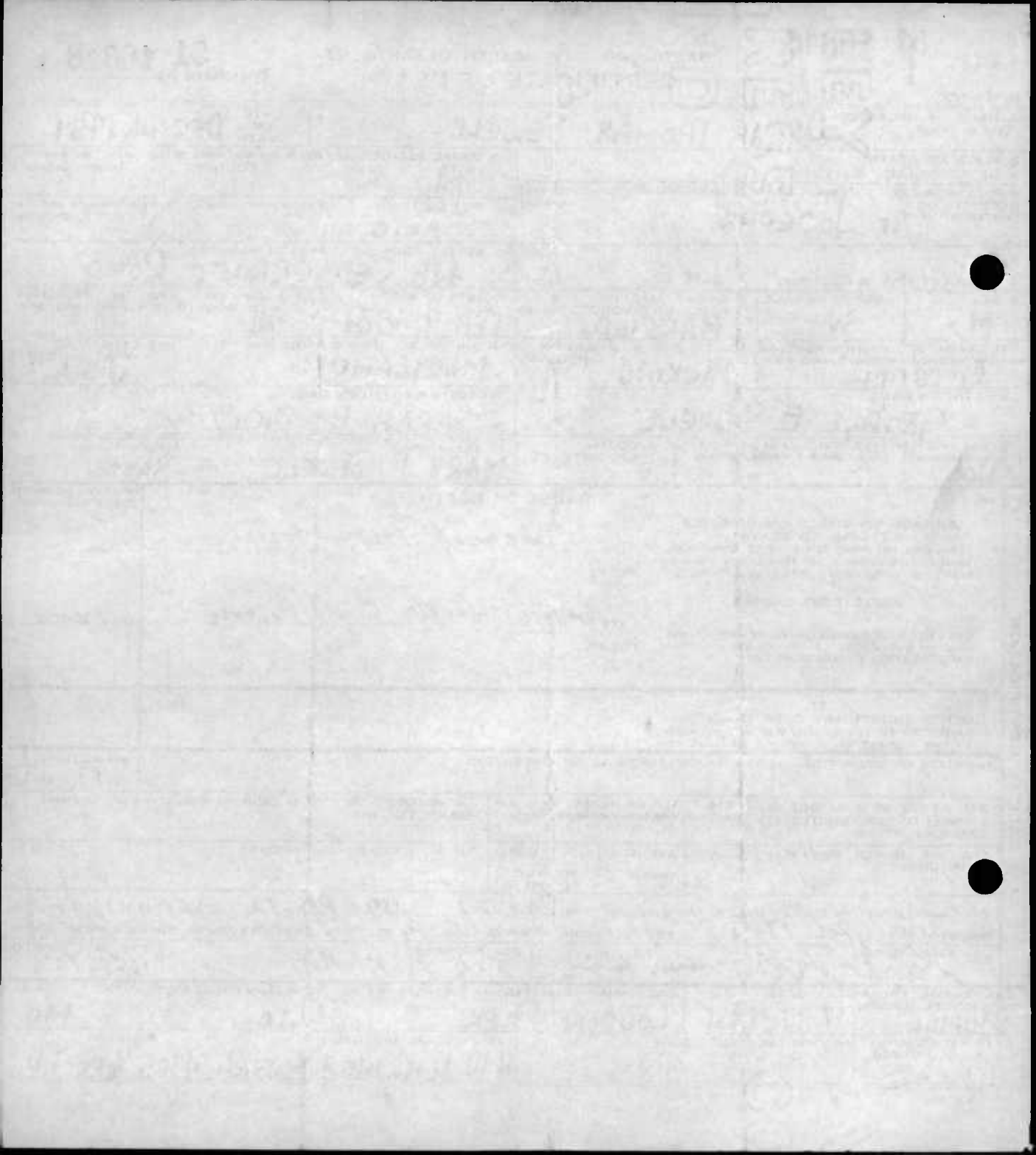
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10848
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) OSCAR THOMAS SEWELL			2. DATE OF DEATH DEC. 14, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY 27-12		
B. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOSEPHS			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO		
C. Length of stay in Baltimore LIFE			D. STREET ADDRESS (If rural, give location) 418 CEDARCROFT ROAD		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEB. 9, 1881	9. AGE (In years last birthday) 70	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) EXECUTIVE		10B. KIND OF BUSINESS OR INDUSTRY PACKING		11. BIRTHPLACE (State or foreign country) MARYLAND	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME GEORGE E. SEWELL		14. MOTHER'S MAIDEN NAME SARAH E. DIETZ	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT MARY B. SEWELL	
18. ADDRESS SAME					

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CORONARY THROMBOSIS		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arterio-sclerotic C.V. Disease		1 yr.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan. 23 , 19 50 , to Dec. 13 , 19 51 , that I last saw the deceased alive on Dec. 13 , 19 51 , and that death occurred at 6 P. m. , from the causes and on the date stated above.					
23A. SIGNATURE Earl F. Johnson		23B. ADDRESS 5111 York Rd		23C. DATE SIGNED 12/16/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 12-17-1951		24C. NAME OF CEMETERY OR CREMATORY LOUDON PARK	
24D. LOCATION (City, town, or county) BALTO.		24E. STATE MD		25. FUNERAL DIRECTOR H.W. JENKINS & SONS Co	
DATE RECEIVED BY LOCAL REGISTRAR DEC 16 1951		REGISTRAR'S SIGNATURE Wm. J. Williams, Jr.		ADDRESS 4905 York Rd.	



51 10849

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10849

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MICHAEL A. LIND

2. DATE
OF
DEATH

Dec. 14, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

400 S. Patterson Park Avenue

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

C. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

400 S. Patterson Park Avenue

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

B. DATE OF BIRTH

Dec. 10. 1860

9. AGE (In years
last birthday)

91

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Chief Fire Dept.

10B. KIND OF BUSINESS OR
INDUSTRY

Balto. City

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

?

Lind

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.
none

17. INFORMANT

Mr. Edmund A. Lind

ADDRESS

18.

CAUSE OF DEATH

919 Maiden Choice Lane

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1949, to Dec. 14, 1951, that I last saw the
deceased alive on Dec. 14, 1951, and that death occurred at 4 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Sigmund R. Nowak

M. D.

408 S. Patt. Ph. An.

12-15-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/17/51

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William H. Williams, M.D.

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.

ADDRESS

BALTO., 13, MD.

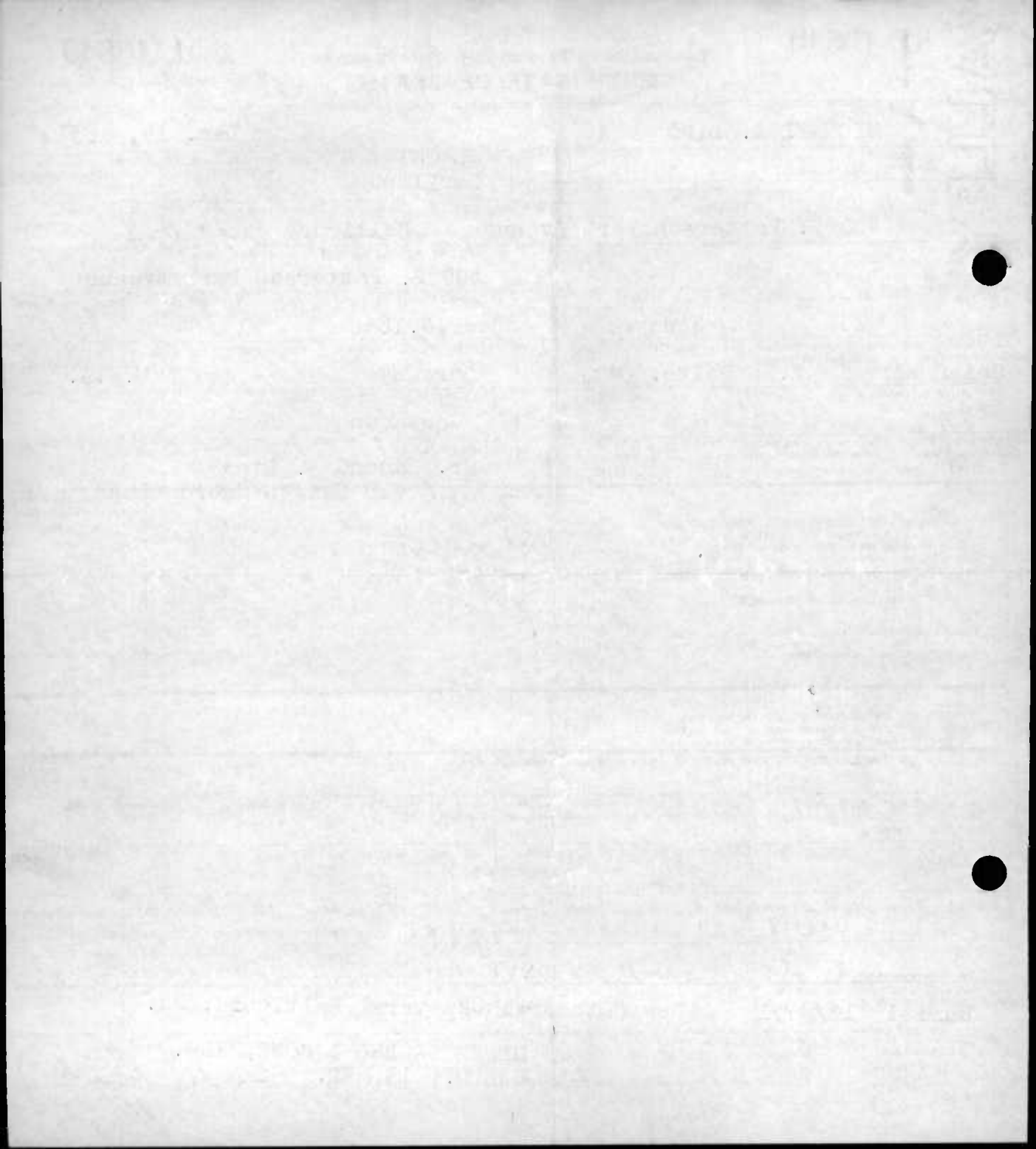
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DEC 17 1951

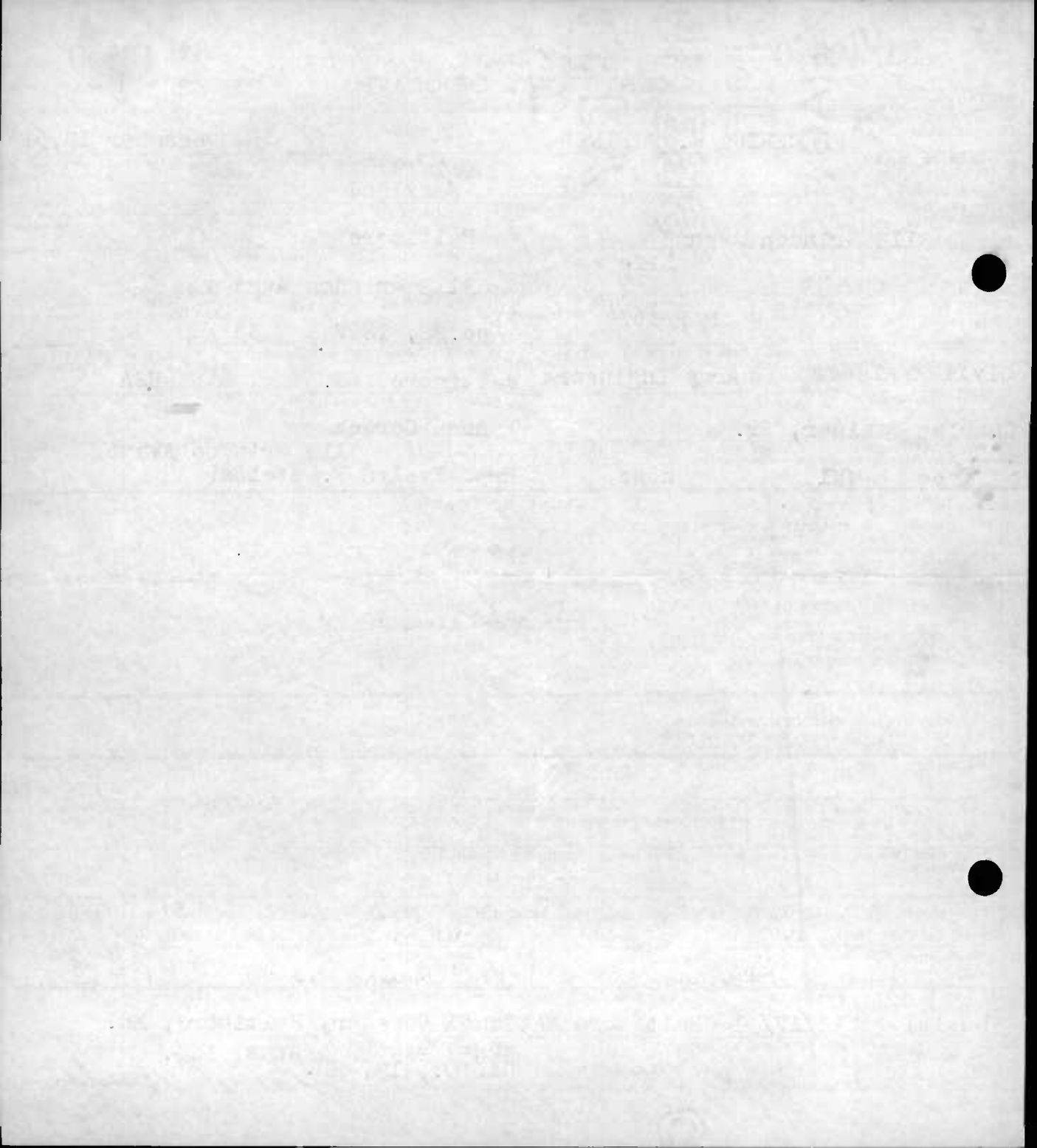
162B

MEDICAL CERTIFICATION



356
51 10850BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10850
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) FREDERICK W. STEINER		2. DATE OF DEATH December 13, 51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 3113 Grindon Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 3113 Grindon Avenue			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED MARRIED (Specify)	8. DATE OF BIRTH Dec. 22, 1897	9. AGE (In years last birthday) 53	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Civil Engineer		10B. KIND OF BUSINESS OR INDUSTRY Army Engineers		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
13. FATHER'S NAME Charles Steiner, Sr.		14. MOTHER'S MAIDEN NAME Anna Cordes		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) yes		16. SOCIAL SECURITY NO. none		17. INFORMANT 3113 Grindon Avenue Mrs. Evelyn F. Steiner	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary occlusion		CAUSE OF DEATH (A) Coronary occlusion DUE TO (B) Hypertension C.V.D. DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec. 12 , 19 51 , to Dec. 13 , 19 51 , that I last saw the deceased alive on Dec. 12 , 19 51 , and that death occurred at 6:10 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE J. Henry House		23B. ADDRESS 4218 Dorland Rd.		23C. DATE SIGNED 12-13-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 12/17/51		24C. NAME OF CEMETERY OR CREMATORY Baltimore National Cemetery Baltimore, Md.	
24D. LOCATION (City, town, or county) (State)		24E. FUNERAL DIRECTOR HENRY SANDER & SONS, INC.			
DATE RECEIVED BY LOCAL REGISTRAR DEC 17 1951		REGISTRAR'S SIGNATURE W. J. Williams, M.D.		ADDRESS BALTO., 13, MD.	



160
51 10851BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10851
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Shaffer, Mrs. Bertha</i>			2. DATE OF DEATH <i>12/14/51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>MO.</i> B. COUNTY <i>9-07</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>CHURCH HOME Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
C. Length of stay in Baltimore <i>1 yr</i>			D. STREET ADDRESS (If rural, give location) <i>1527 Montpelier St.</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>	8. DATE OF BIRTH <i>11/7/76</i>	9. AGE (In years last birthday) <i>75</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>house wife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>at home</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>	
13. FATHER'S NAME <i>William F. Richter</i>		16. SOCIAL SECURITY NO. <i>none</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT ADDRESS <i>Hospital Records</i>	

18. *420.0 and 170x*
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) *Acute Pulmonary Edema* 30 min.

DUE TO

(B) *Arteriosclerotic Heart Disease* 10 yrs.

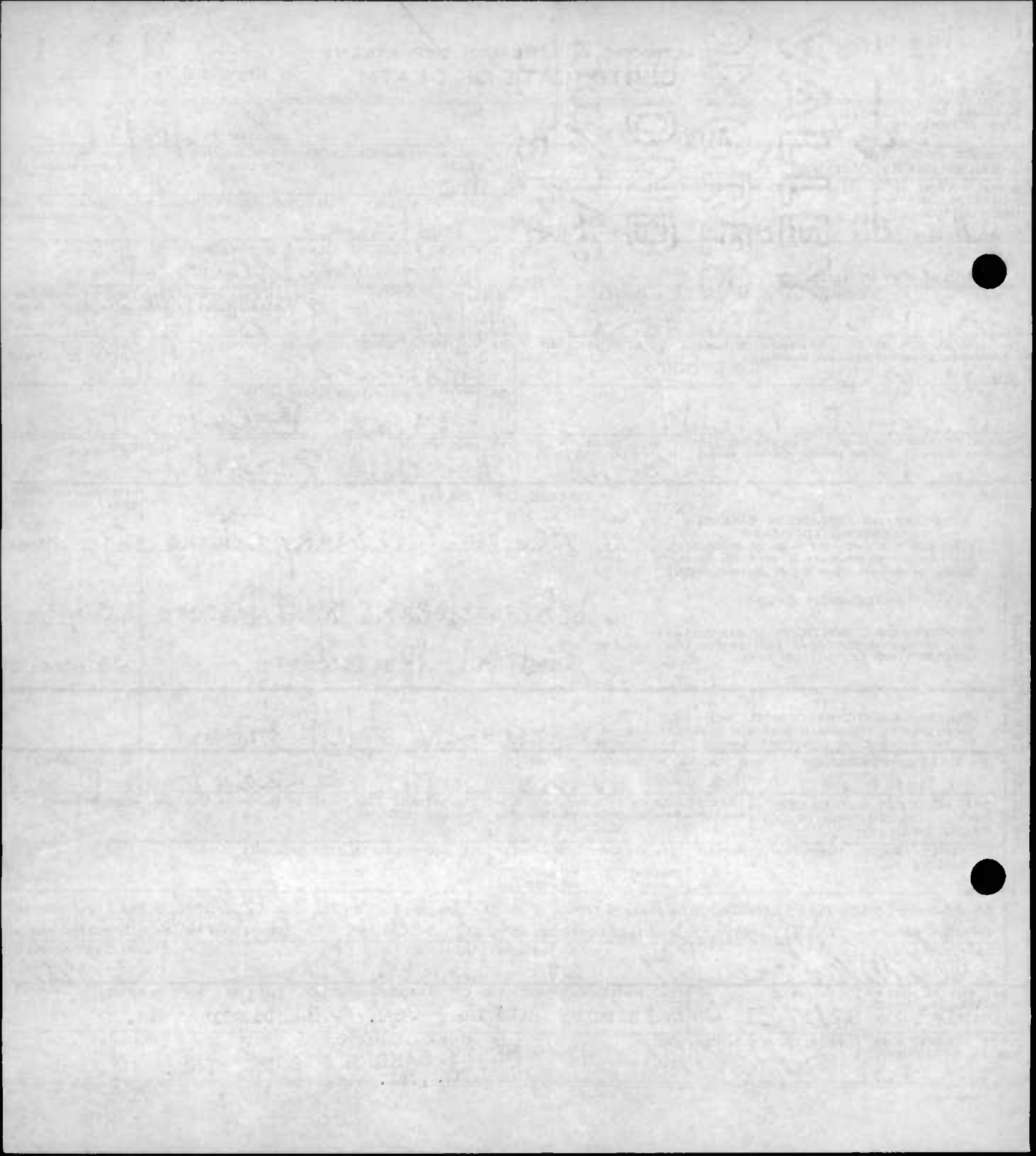
DUE TO

(C) *Radical Mastectomy* 30 min.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.*Carcinoma of left Breast*

19A. DATE OF OPERATION <i>12/14/51</i>		19B. MAJOR FINDINGS OF OPERATION <i>Carcinoma left Breast</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>12/13/51</i> , 19 <i>51</i> , to <i>12/14/51</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>12/17/51</i> , 19 <i>51</i> , and that death occurred at <i>1:50 PM.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>H. H. H. H.</i>		23B. ADDRESS <i>Church Home</i>		23C. DATE SIGNED <i>12/14/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>12/17/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Baltimore National Cem.</i>	
				24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>	

DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 17 1951</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>HENRY SANDER & SONS, INC.</i>	ADDRESS <i>BALTO., Md.</i>
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163 51 10852

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10852

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Cora Robertson			2. DATE OF DEATH 12/14/51		
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION South Baltimore General Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 30		
6. DATE OF DEATH Yrs. 12 Mos. 14 Days 51			D. STREET ADDRESS (If rural, give location) 1200 Light Street		
7. SEX Female			8. COLOR OR RACE White		
9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married			10. DATE OF BIRTH 11/1/94		
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework			12. AGE (in years last birthday) 57		
13. KIND OF BUSINESS OR INDUSTRY None			13. CITIZEN OF WHAT COUNTRY? USA		
14. FATHER'S NAME Edward Wiggihan			15. MOTHER'S MAIDEN NAME Unknown		
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No			17. SOCIAL SECURITY NO.		
18. INFORMANT Family - Jane			19. ADDRESS		
20. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Pyelo-nephritis, acute DUE TO E. Urinaria ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) DUE TO			INTERVAL BETWEEN ONSET AND DEATH		
21. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Diabetes mellitus					
22. DATE OF OPERATION 12-14-51			23. MAJOR FINDINGS OF OPERATION		
24. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH			25. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
26. TIME (Month) (Day) (Year) (Hour) OF INJURY			27. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
28. HOW DID INJURY OCCUR?					
29. I hereby certify that I attended the deceased from 12-12-1951 to 12-14-1951 that I last saw the deceased alive on 12-14-1951 and that death occurred at 12:30 m., from the causes and on the date stated above.					
30. SIGNATURE J. E. O. Quinn			31. ADDRESS 1213 L. 6th St		
32. DATE SIGNED 12-14-51					
33. BURIAL, CREMATION, REMOVAL (Specify) B.			34. DATE 12-18-51		
35. NAME OF CEMETERY OR CREMATORY OAKLAWN			36. LOCATION (City, town, or county) (State) Beth.		
37. DATE RECEIVED BY LOCAL REGISTRAR DEC 17 1951			38. REGISTRAR'S SIGNATURE W. L. Williams		
39. FUNERAL DIRECTOR J. E. O. Quinn			40. ADDRESS 13. E. Ford Ave.		

MEDICAL CERTIFICATION

Sept 13

1706-1715-1722

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155 51 10853

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10853

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HOWARD KAUFMAN

2. DATE
OF
DEATH

12/13/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

MARYLAND

B. COUNTY

BALTO. CITY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE UNIVERSITY HOSPITAL

C. CITY OR TOWN

BALTIMORE

(If outside corporate limits, write RURAL and give township)

23-06

D. STREET ADDRESS (If rural, give location)

1528 L. G. ST.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

4-26-1893

9. AGE (In years

last birthday)

38

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

WARD FOREMAN

10B. KIND OF BUSINESS OR
INDUSTRY

BROKER

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

UNKNOWN

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

NO

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

FAMILY - SAME

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Myocardial Infarction

11 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Coronary insufficiency

24 hrs.

(C)

Atherosclerosis

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Cholecystitis, cholelithiasis

19A. DATE OF OPERATION

Dec. 11, 1951

19B. MAJOR FINDINGS OF OPERATION

Chronic cholecystitis

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., In or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Dec. 10, 1951, to Dec. 13, 1951, that I last saw the deceased alive on Dec. 13, 1951, and that death occurred at 8:10 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

University Hospital

13 Dec 51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR

ADDRESS

DEC 17 1951

Huntington Williams, M.D.

Huntington Williams, M.D.

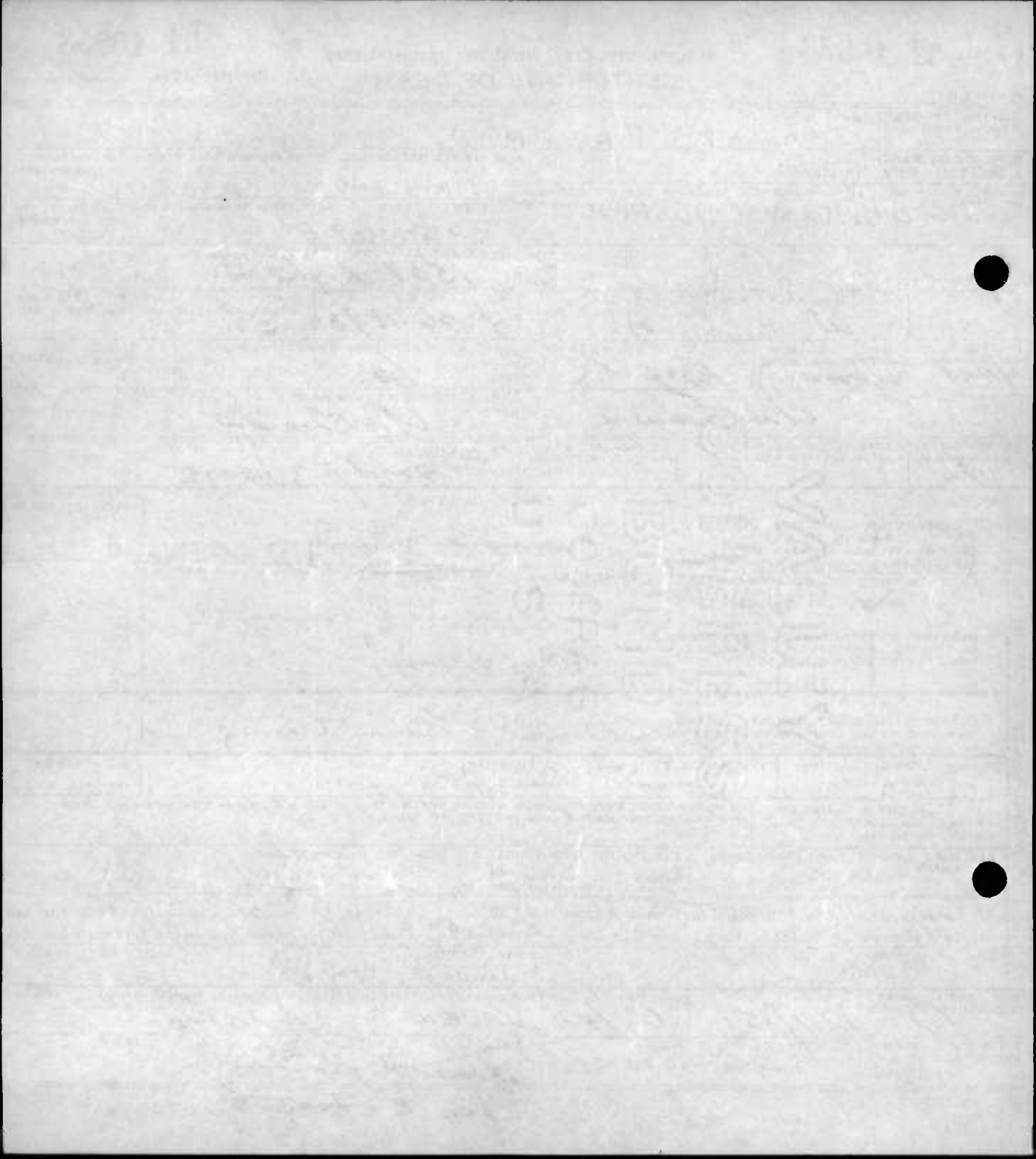
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30 E. Fort Ave

127a

MEDICAL CERTIFICATION



4321 10854

CERTIFICATE CORRECTED

1-9-52

51 10854

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

(GEORGE E. NELSON) Emil George Kjeldsen

2. DATE
OF
DEATH

12/14/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1212 Light St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1212 Light St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

10/24/12

9. AGE (In years
last birthday)

39

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR
INDUSTRY

Wall St. Journal

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Anton

NEWSPAPER

14. MOTHER'S MAIDEN NAME

Anna D. Sorensen

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Family - Same

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

6 yrs

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., to or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/17/51, 1951, to 12/14/51, that I last saw the
deceased alive on 12/12/51, and that death occurred at 4 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

B

12/17/51

Glen Haven

Baltimore

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 17 1951

Huntington Williams, M.D.

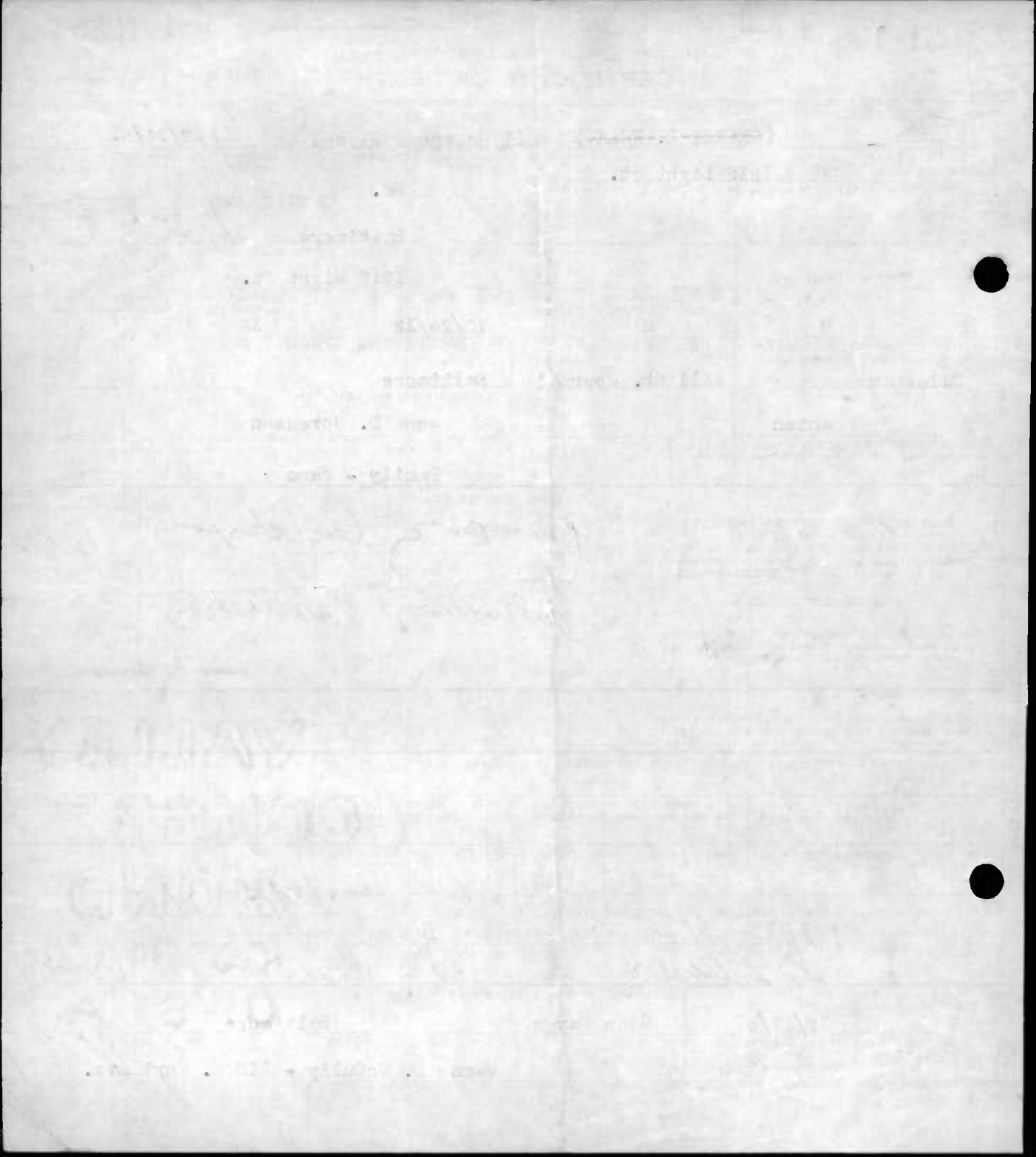
James L. McCully - 130 E. Fort Ave.

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13R

MEDICAL CERTIFICATION



20
51 10855BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10855
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) William F. Pence		2. DATE OF DEATH Dec. 14, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 3736 Elmley Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 26-03	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3736 ELMLEY AVE	
5. Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Feb 21-1918
9. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) POLICE SGT BALTO POLICE DEPT		10. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 33 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
11. BIRTHPLACE (State or foreign country) HARRISONBURG VA		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME JOSEPH W. PENCE		14. MOTHER'S MAIDEN NAME MYRTLE M. ARMS TRONG	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or date of service) yes W. W. #2 218-05-1779		16. SOCIAL SECURITY NO. CATHERINE M. PENCE 3736 ELMLEY AVE	

18. 430 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Disease	CAUSE OF DEATH (A) Coronary Disease DUE TO (B) DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			

22. I certify that I took charge of the remains described above, held an **Inspection** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE **Wm. H. Kammer, Jr.** M.D.
23B. CHIEF MEDICAL EXAMINER.....☐ ASSISTANT MEDICAL EXAMINER.....☐ MEDICAL INVESTIGATOR.....☒
23C. DATE SIGNED **Dec. 15, 1951**

24A. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL**
24B. DATE **12-18-1951**
24C. NAME OF CEMETERY OR CREMATORY **Holy Redeemer**
24D. LOCATION (City, town, or county) (State) **BALTO md 94a**

DATE RECEIVED BY LOCAL REGISTRAR **DEC 17 1951**
REGISTRAR'S SIGNATURE **Wm. J. Williams, M.D.**
25. FUNERAL DIRECTOR **Loft & B. M. Walters** ADDRESS **Pratt & Stricker St.**

51 10856

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10856

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Esther Bickman

2. DATE
OF
DEATH

12/15/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Sinai Hosp

C. Length of stay in Baltimore

40 Yrs

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

1888

9. AGE (in years
last birthday)

63

10. Under 1 Year
Months: Days
11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR
INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Samuel Levin

14. MOTHER'S MAIDEN NAME

Annie Levin

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Samuel Bickman 2427 Lakeview Ave

18. 199.9 I CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinomatous

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/4, 1951, to 12/15, 1951, that I last saw the
deceased alive on 12/15, 1951, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Samuel L. Heller M. D.

23B. ADDRESS

Sinai Hosp

23C. DATE SIGNED

12/16/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec 17, 1951

24C. NAME OF CEMETERY OR CREMATORY

Knesseth Israel Anshei Sfard Cemetery

24D. LOCATION (City, town, or county)

Balto, Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Eustington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Sol L. Williams, Bus W North Ave

VS 150

55E

MEDICAL CERTIFICATION

Journal - November 2/11 - 2

35

51 10857

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

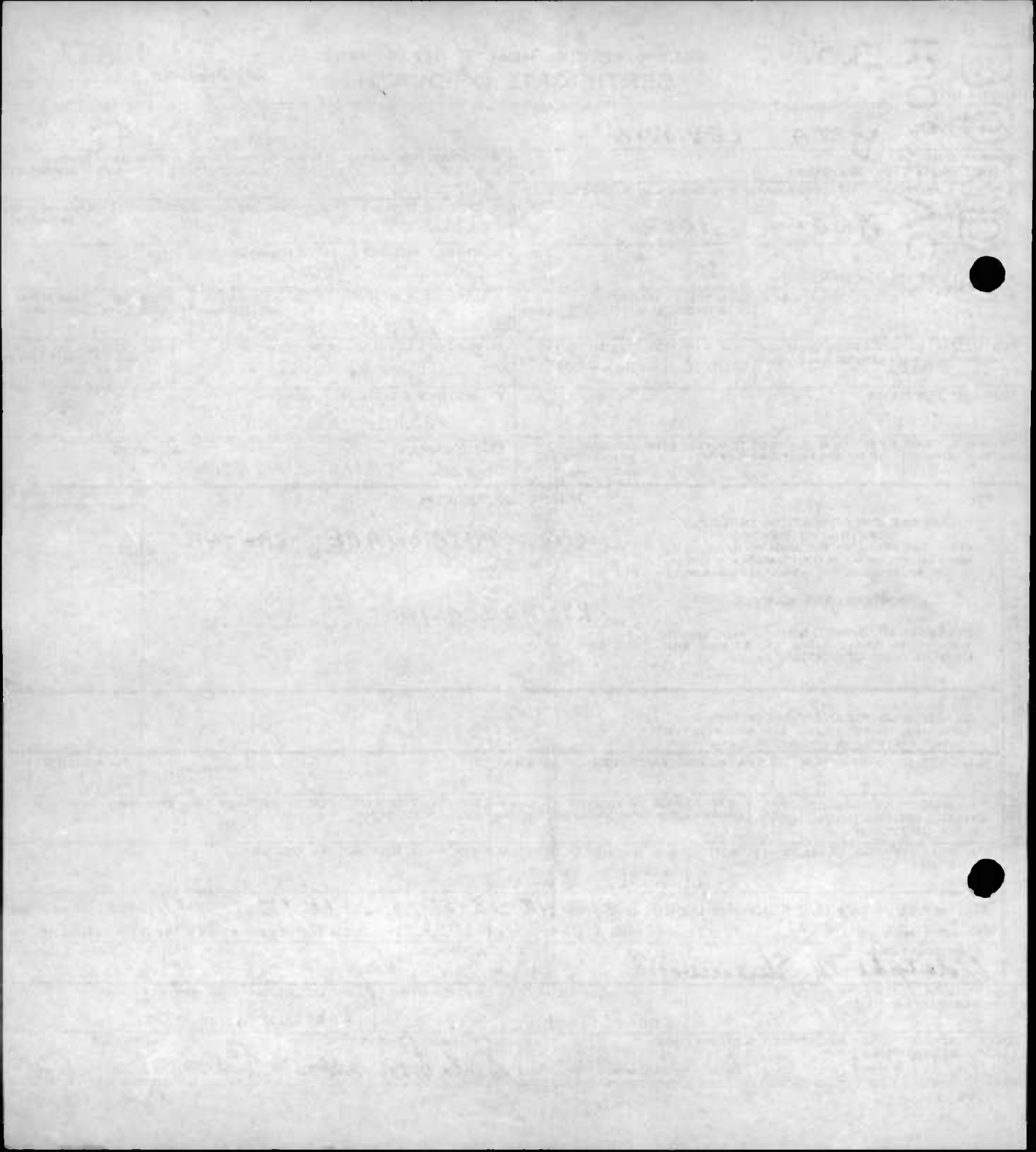
51 10857
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) YETTA LEVITAN		2. DATE OF DEATH 12/15/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION SINAI HOSP.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-12			
C. Length of stay in Baltimore life		D. STREET ADDRESS (If rural, give location) 2600 Ulman Avenue			
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH 1899		9. AGE (in years last birthday) 52
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) salesman		10B. KIND OF BUSINESS OR INDUSTRY Department Store		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Isidore Levitan			
14. MOTHER'S MAIDEN NAME Jennie Eliason		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Raphael Levitan- 4041 Grantley Road			
18. 434.01 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) COR PULMONALE, CHRONIC DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. KYPHOSCOLIOSIS DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12-13-51 , 19 51 , to 12-15 , 19 51 , that I last saw the deceased alive on 12-15 , 19 51 , and that death occurred at 10:00 P m. , from the causes and on the date stated above.					
23A. SIGNATURE Adolphe M. Shreuworth M. D.		23B. ADDRESS Sinai Hosp.		23C. DATE SIGNED 12-18-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/17/51		24C. NAME OF CEMETERY OR CREMATORY Anshei Emunsh Cong.	
24D. LOCATION (City, town, or county) Baltimore, Maryland		24E. STATE Maryland			
DATE RECEIVED BY LOCAL REGISTRAR DEC 17 1951		REGISTRAR'S SIGNATURE William Williams, M.D.		25. SUNDAY DIRECTOR ADDRESS Sol. Levinson & Bros - 1124-26 W. North Ave	

MEDICAL CERTIFICATION

4906C

95C



23 51 10858

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10858
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Louis Lipsitz*2. DATE
OF
DEATH*12-16-51*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

*Sinai Hospital*B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION*Sinai Hospital Inc.*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

*Md**15-37*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore Maryland

D. STREET ADDRESS (If rural, give location)

3208 Carhale Ave

C. Length of stay in Baltimore

72
Yrs.
Mos.
Days

5. SEX

M.

6. COLOR OR RACE

*W.*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*WIDOWED*

8. DATE OF BIRTH

9. AGE (in years
last birthday)10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.*91*10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Retired*10B. KIND OF BUSINESS OR
INDUSTRY*Farmer*

11. BIRTHPLACE (State or foreign country)

*Russia*12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Not known

14. MOTHER'S MAIDEN NAME

*Not known*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Nathan Bereson - Same

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Myocardial Infarct.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Arteriosclerosis of Sci

(C) DUE TO

Being Hypertrophic Prostate

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

M.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *12-16*, 19*51*, to *12-16*, 19*51*, that I last saw the
deceased alive on *12-16*, 19*51*, and that death occurred at *9:10 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

*Sinai Hospital**12-16-51*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

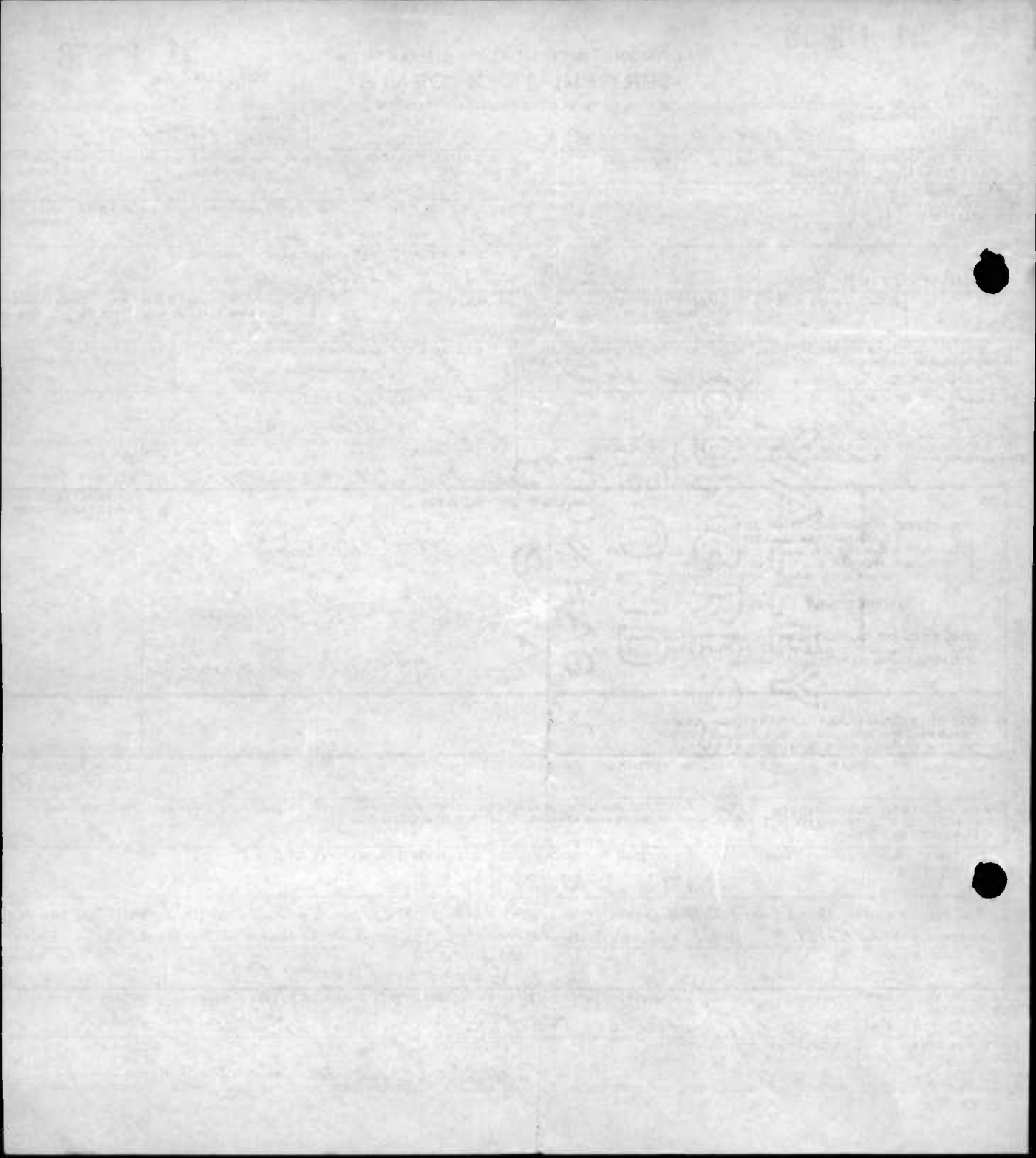
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*Burial 12-18-51**Balto. Hebrew**Balto Md**12-18-51**Jack Lewis 2100 Eutan Pl*



30

51 10859

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10859

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Harry S. Plott

(PLOTT)

2. DATE
OF
DEATH

12-16-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Baltimore City Hospital

C. Length of stay in Baltimore

Yrs. 5
Mos. Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Machinist

10B. KIND OF BUSINESS OR INDUSTRY

SHOP

13. FATHER'S NAME

W. S. Plott

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

55 East Compass Road #20

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Machinist

10B. KIND OF BUSINESS OR INDUSTRY

SHOP

13. FATHER'S NAME

W. S. Plott

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

55 East Compass Road #20

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Machinist

10B. KIND OF BUSINESS OR INDUSTRY

SHOP

13. FATHER'S NAME

W. S. Plott

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Eula R Plott - Home

18. L8164

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Head Injury

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Contusion of Brain

DUE TO

(C) Bronchopneumonia

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIB- UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Erdman Ave + Deblis St.

26/46

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

Aug 17 1951 3:30 PM

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

Passenger in Auto

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Smith

23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☒M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

12-16-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

12-17-51

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Canton, N. C.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

EC 11-1-51

Registrar William V. Smith

Jack Lewis Inc 2100 Eastern Pl

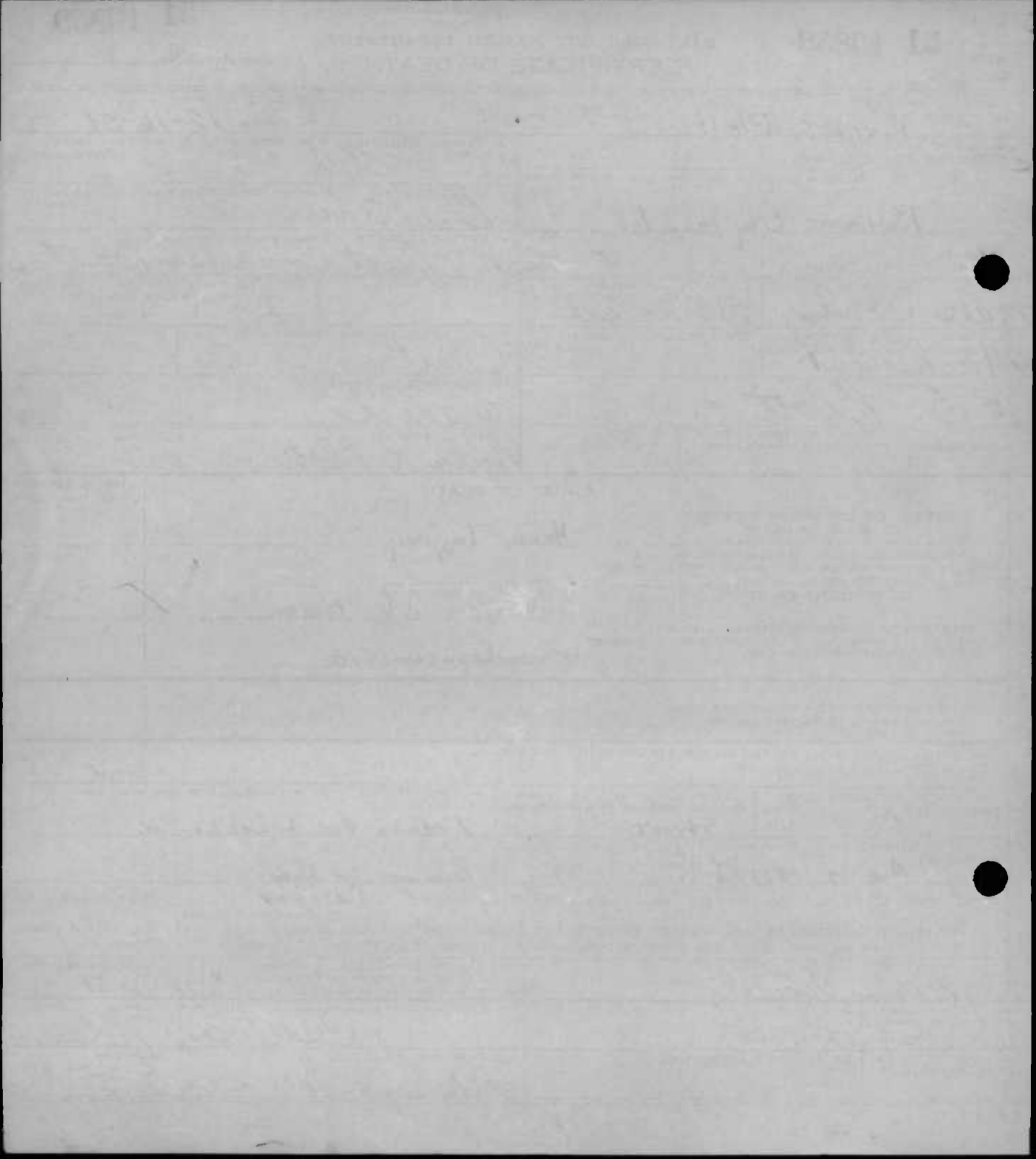
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1702 ✓

MEDICAL CERTIFICATION



256

51 10860

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10860

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

IRVING POSNER

2. DATE
OF
DEATH

12-15-51

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION

Lutheran Hospital

c. Length of stay in Baltimore

11 Yrs.
Mees.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Salesman

10b. KIND OF BUSINESS OR
INDUSTRY

Furnishing

13. FATHER'S NAME

Not Known

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

a. STATE

Md

b. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 13-04

d. STREET ADDRESS (If rural, give location)

2275 Reisterstown Road

8. DATE OF BIRTH

9. AGE (In years
last birthday)

39

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Not Known

17. INFORMANT

ADDRESS

Miriam Posner - Home

18. 4200 I CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) coronary artery disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) atherosclerotic heart disease?

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
INJURY

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 14, 1951, to Dec 14, 1951, that I last saw the
deceased alive on Dec 14, 1951, and that death occurred at 7:44 m., from the causes and on the date stated above.

23a. SIGNATURE

Robert Mager

23b. ADDRESS

M. D. 5712 Rockledge Avenue, Apt B, Dec 15, 1951

23c. DATE SIGNED

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24b. DATE

12-17-51

24c. NAME OF CEMETERY OR CREMATORY

Shaarei Tfilon

24d. LOCATION (City, town, or county) (State)

Balto, Md

DATE RECEIVED BY
LOCAL REGISTRAR

DEC 17 1951

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

ADDRESS

Jack Lewy 2100 Canton Pl

OFFICIAL USE ONLY

VALLEY
COMMERCIAL
BOND
CO. INC.
S. S.

51 10861

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10861

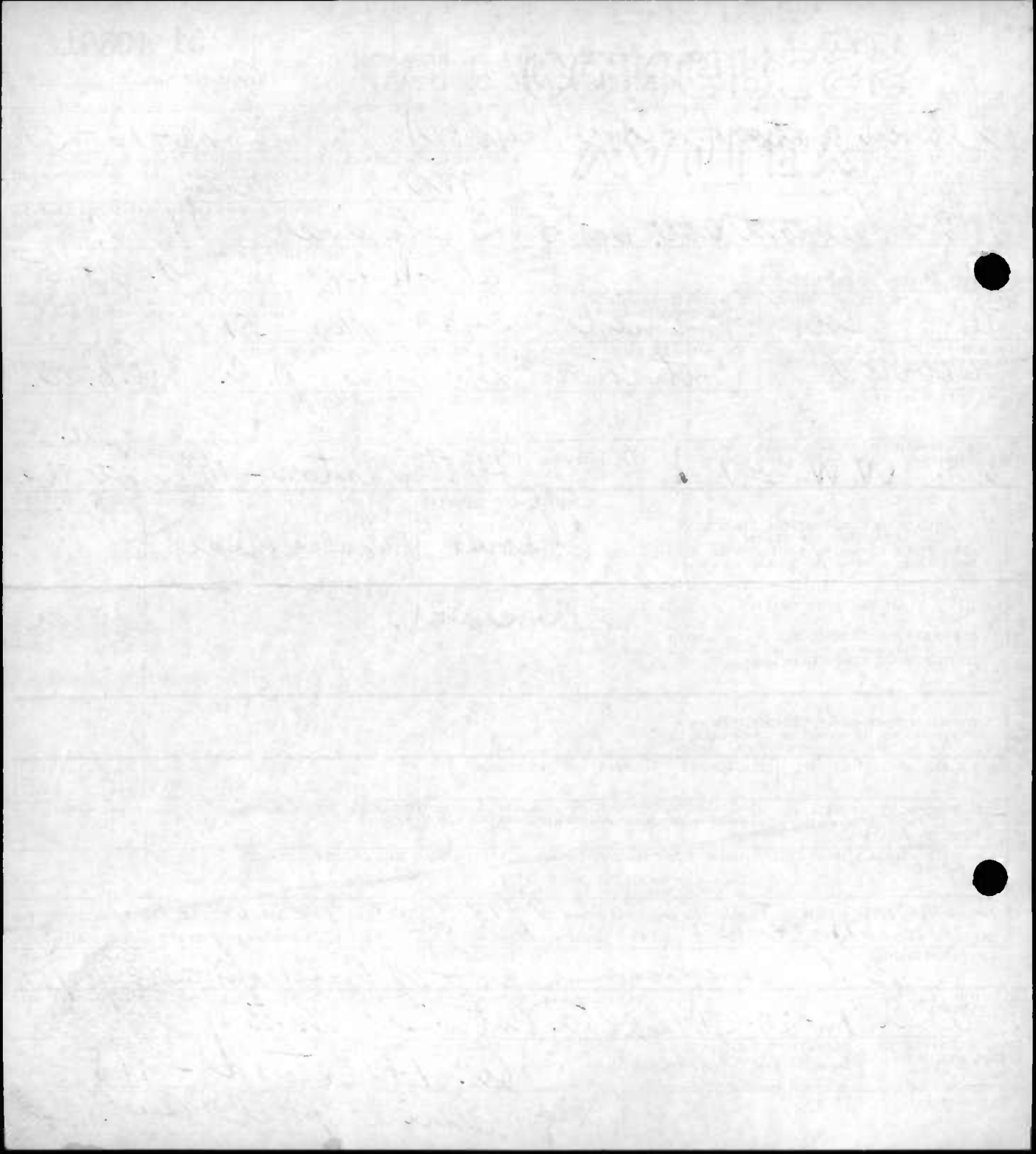
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Steven Laton (Steve Laydon)</i>		2. DATE OF DEATH <i>12-16-51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Ind.</i> B. COUNTY <i>City</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>202-N. Fremont Ave. Apt. 5</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>118-01</i>			
C. Length of stay in Baltimore Yrs. <i>0</i> Mos. <i>0</i> Days <i>0</i>		D. STREET ADDRESS (If rural, give location) <i>202-N. Fremont Ave. Apt. 5</i>			
5. SEX <i>M.</i>	6. COLOR OR RACE <i>Col.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>3-20-1900</i>	9. AGE (in years last birthday) <i>51</i>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Contractor</i>		11. BIRTHPLACE (State or foreign country) <i>Seabrook, S. C.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>		13. FATHER'S NAME <i>?</i>			
14. MOTHER'S MAIDEN NAME <i>?</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <i>Yes. W. W. #1</i>			
16. SOCIAL SECURITY NO.		17. INFORMANT <i>Hattie Laton - 202-N. Fremont Ave. Apt. 5</i>			

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>421.4 I Chronic Valvular Heart Disease</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 year</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Disease</i>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>9/19</i> , 19 <i>50</i> , to <i>12-16-1951</i> , that I last saw the deceased alive on <i>12-14-1951</i> , and that death occurred at <i>8 a.</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>M. J. Lamm</i> M. D.		23B. ADDRESS <i>600 N. Arlington</i>		23C. DATE SIGNED <i>12/17/51</i>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>12-20-51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Balto. National Cemetery</i>	
24D. LOCATION (City, town, or county) <i>Baltimore</i>		24E. (State) <i>Ind.</i>		25. FUNERAL DIRECTOR <i>W. Halstead - 918 -</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 17 1951</i>		REGISTRAR'S SIGNATURE <i>W. Halstead</i>		ADDRESS <i>97024 Druid Hill Ave 927</i>	



51 10862

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10862
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANTHONY

VELIVIS

2. DATE
OF

DEATH Dec. 14, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

C. Length of stay in Baltimore 4 1/2 yrs
Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Tailor

10B. KIND OF BUSINESS OR
INDUSTRY

Tailoring Co.

13. FATHER'S NAME

John Velivis

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, to or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Elizabeth E. Velivis 6 Allender St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary occlusion

DUE TO myocardial infarct

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Lovett

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Dec. 15, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

12/18/51

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem. 4430 Belair Rd.

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

John J. Bowman & Son 2015

VS 151

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MEDICAL CERTIFICATION

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425
51 10863BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10863
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ALFRED H.

WILKINS

2. DATE
OF
DEATH

12/15/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1813 Covington St.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 24-04

D. STREET ADDRESS (If rural, give location)

1813 Covington St.

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

2/16/1877

AGE (In years
last birthday)

74

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Clerk

10B. KIND OF BUSINESS OR
INDUSTRY

Seafood Industry

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Bartie Wilkins

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

216-18-4128

17. INFORMANT

Mary E. Wilkins

ADDRESS

1813 Covington St.

18. 4221

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Chronic Myocardial Degeneration

2 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Arteriosclerosis

2 yrs.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 3, 1951, to Dec. 15, 1951, that I last saw the
deceased alive on 12-15, 1951, and that death occurred at 9:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

A. L. Lallo

23B. ADDRESS

M. D.

707 Fortune.

23C. DATE SIGNED

12-15-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/19/51

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill Cem. Ritchie Hwy.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

DEC 17 1951

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

John J. Cowan & Son

ADDRESS

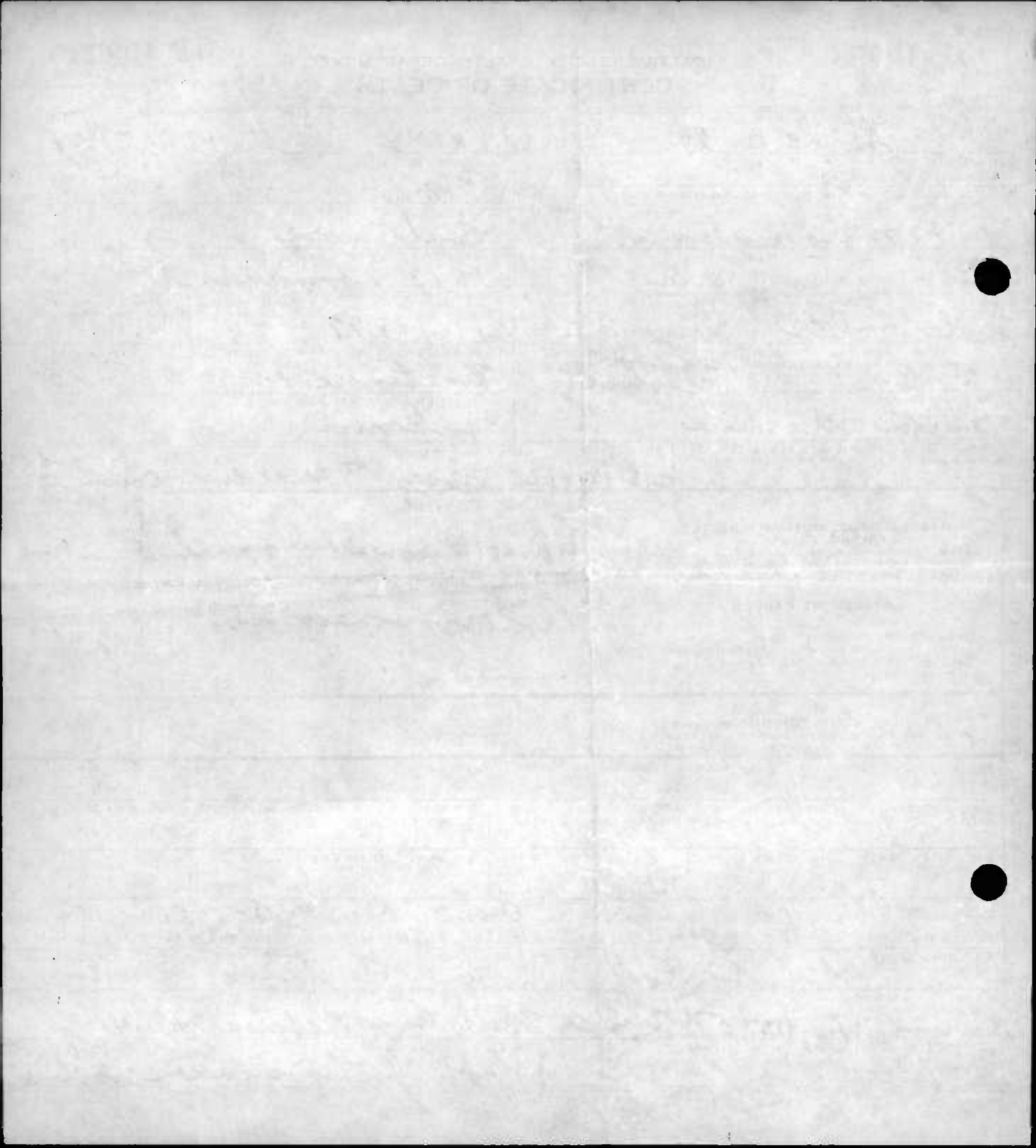
901 E. [Address]

VS 150

3906A

937

MEDICAL CERTIFICATION



51 10864

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10864

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CORA WILLIAMS

2. DATE
OF
DEATH

12-14-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. CityB. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

Yrs.
Mos.
Days

C. Length of stay in Baltimore

life

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore,

D. STREET ADDRESS (If rural, give location)

1028 N. Dallas Street - 5

8. DATE OF BIRTH

Sept-19-1904

9. AGE (In years
last birthday)

47

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR
INDUSTRY

Own home.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Bueel

14. MOTHER'S MAIDEN NAME

Sarah Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Bud Williams 1028 N. Dallas St

18. 364X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Guiland-Barrie Syndrome

DUE TO

(Guillain -)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Uterine Prolapse; Pyelonephritis.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 11-6-, 1951, to 12-14-, 1951, that I last saw the
deceased alive on 12-14-, 1951, and that death occurred at 11:55pm., from the causes and on the date stated above.

23A. SIGNATURE

D. P. Coffey Jr.

M. O.

23B. ADDRESS

1400 N. Caroline Street - 13

23C. DATE SIGNED

12:14:51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/18/1951

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn Md.

(State)

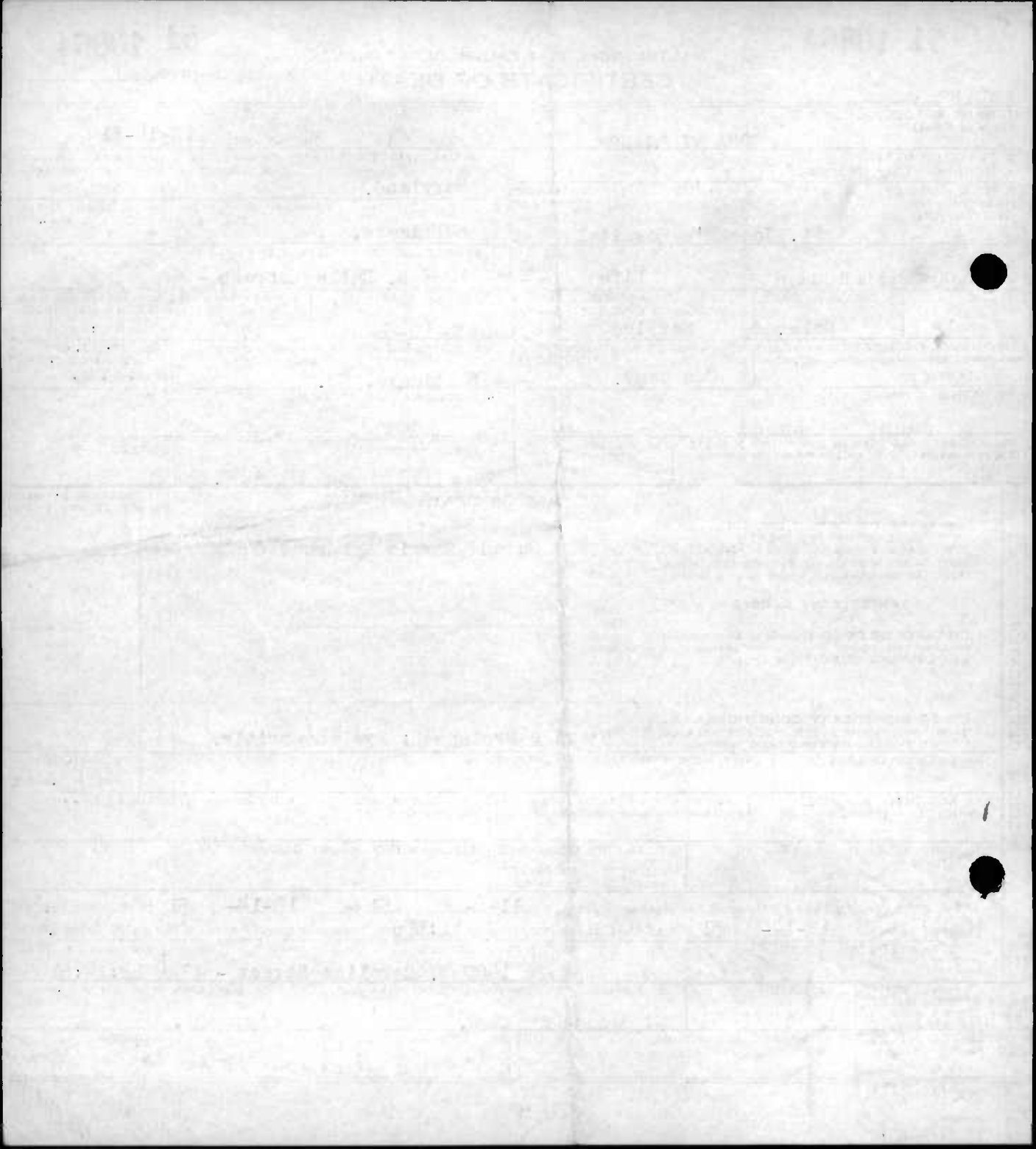
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR

ADDRESS

E. W. Wilson 1000 Bently ave



51 10865

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10865
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) SAM LOMAX		2. DATE OF DEATH Dec. 13, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) South Baltimore General Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 21-01	
D. STREET ADDRESS (If rural, give location) 1010 S. Eutaw Street		E. LENGTH OF STAY IN BALTIMORE 15 Yrs.	
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept-19-1885
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY In General	9. AGE (In years last birthday) 66
11. BIRTHPLACE (State or foreign country) NewsPort News Va.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Mae Green 1010 S. Eutaw St		ADDRESS	

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) ... Hypertensive cardiovascular disease DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) ... DUE TO		
(C) ...		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

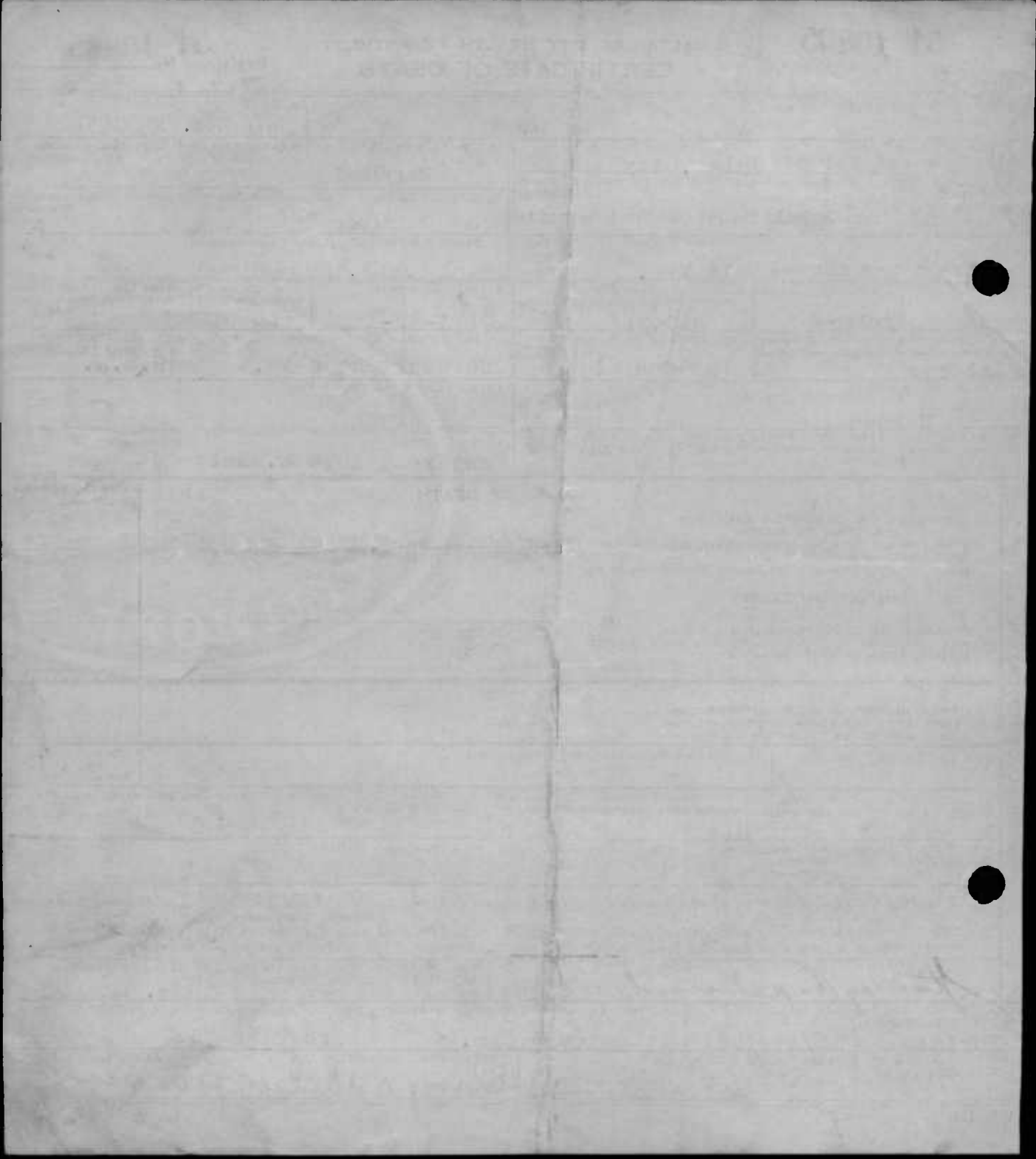
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
<p>I certify that I took charge of the remains described above, held an <u>autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/>, accident <input type="checkbox"/>, suicide <input type="checkbox"/>, homicide <input type="checkbox"/>, undetermined <input type="checkbox"/>.</p>					
23A. SIGNATURE Stanley B. Decker M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Dec. 14, 1951	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/17/1951		24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.		24D. LOCATION (City, town, or county) (State) Brooklyn Md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 17 1951		REGISTRAR'S SIGNATURE Stanley B. Decker		25. FUNERAL DIRECTOR Elroy O. Wilson		ADDRESS 1000 Brantly	

VS 151

97099

93D



460

51 10866

CERTIFICATE CORRECTED 1-10-58

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 10866

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Alphonse Miller Or Alfonso E. Miller

2. DATE
OF
DEATH

12-15-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Johns Hopkins Hospital

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give
township)

6-04

D. STREET ADDRESS (If rural, give location)

219 N. Durham St

C. Length of stay in Baltimore

Life

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

7/31/1934

9. AGE (In years
last birthday)

17

If Under 1 Year If Under 24 Hours
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Packing House

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Milton Miller

14. MOTHER'S MAIDEN NAME

Elsie B. Wilson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Milton Miller 219 N. Durham St

18. E981X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Gun shot wound of head

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)
home21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

1903 Orleans Street

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Dec. 15, 1951 4:00 P. m.

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☒
AT WORK

21F. HOW DID INJURY OCCUR?

Firearms

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☒.

23A. SIGNATURE

William V. Lovett

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒

M.D.

MEDICAL INVESTIGATOR

23C. DATE SIGNED

12-16-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

12/19/1951

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Elwyn O. Wilson, 1000 Beatty

VS 151

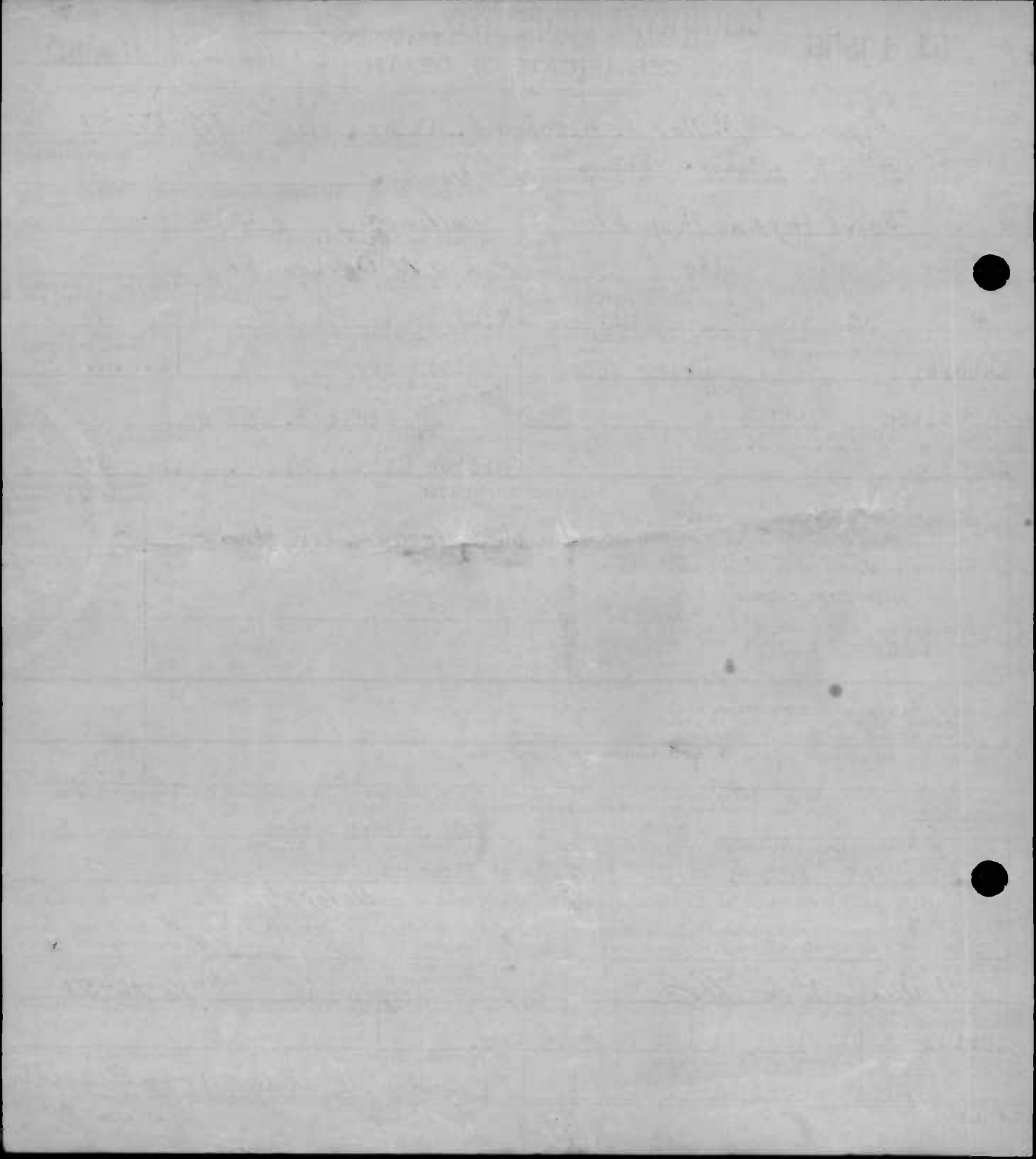
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out

MEDICAL CERTIFICATION



51 10867

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10867

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SAMUEL HURLOCK GREENWOOD

2. DATE
OF
DEATH

12-15-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Joseph's Hospital

Yrs.
Mos.
Days

C. Length of stay in Baltimore

50 yrs 9 days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb. 28, 1878

9. AGE (In years
last birthday)

73

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired Credit Mgr. Int. Harvester Co.

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Millington, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Frank H. Greenwood

TRUCKS

14. MOTHER'S MAIDEN NAME

Meginnis

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. S. H. Greenwood 2726 St. Paul St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Pulmonary edema

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Heart failure

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.omy; Uremia
Condition following suprapubic prostatect-

19A. DATE OF OPERATION

Nov. 30, 1951

19B. MAJOR FINDINGS OF OPERATION

Benign hypertrophy of prostate; Bladder calculi

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in hr
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORKNOT WHILE
AT WORK22. I hereby certify that I attended the deceased from 11-26-, 1951, to 12-15-, 1951, that I last saw the
deceased alive on 12-15-, 1951, and that death occurred at 5:53 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1400 N. Caroline Street - 13

12-15-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/17/51

24C. NAME OF CEMETERY OR CREMATORY

East New Market

24D. LOCATION (City, town, or county)

Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

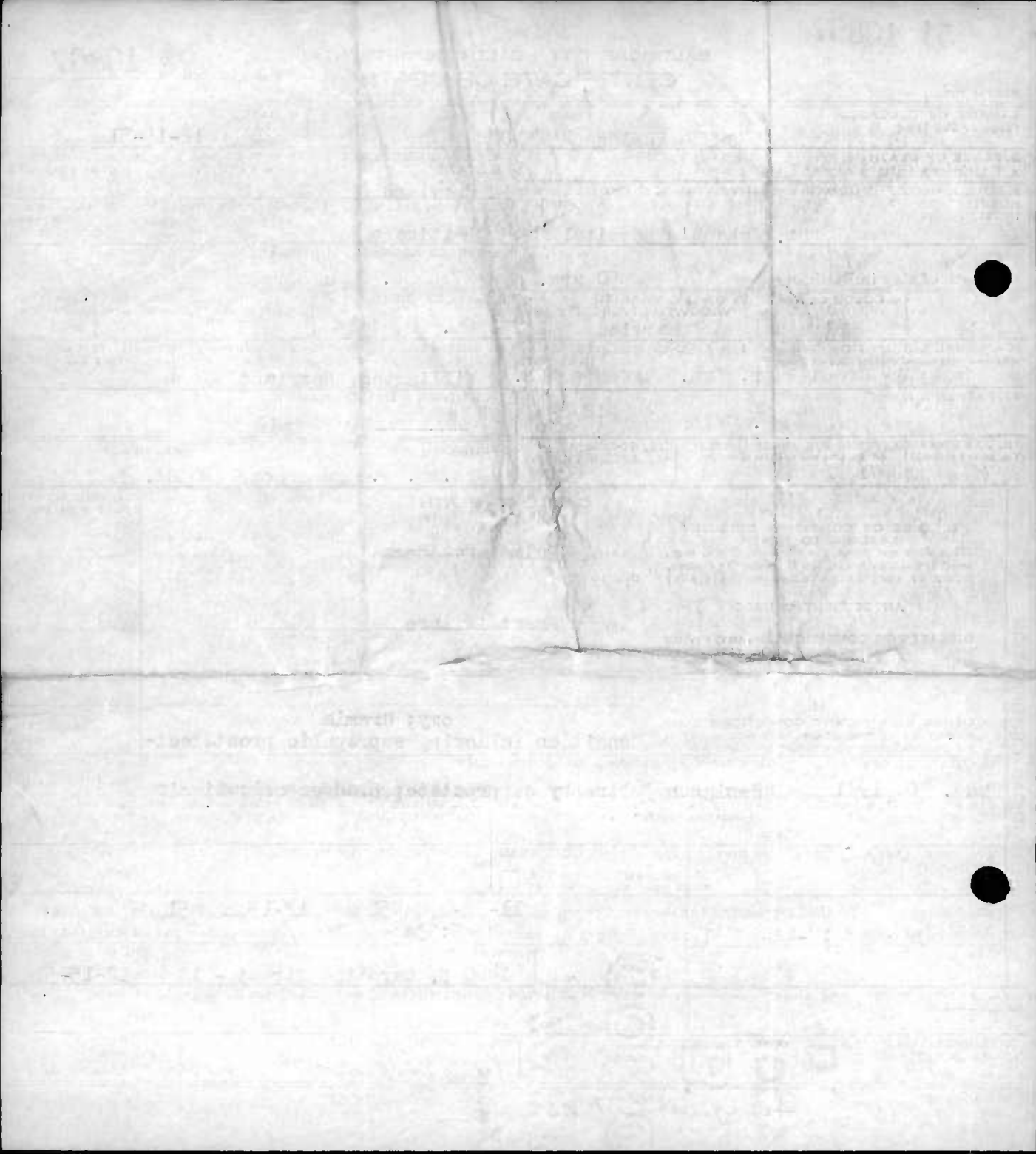
W. B. Means and Douglas H. Calverly

VS 150

Via Automobile Hearse
5236J

137a

MEDICAL CERTIFICATION



620
51 10868

51 10868

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Marie Kemp Dorsey		2. DATE OF DEATH December 15, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE	
B. FULL NAME OF HOSPITAL OR INSTITUTION Hospital For The Women of Maryland		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 14-01	
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1422 BOLTON ST.	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 1-17-1871
9. AGE (In years last birthday) 80		10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY —	
11. BIRTHPLACE (State or foreign country) BALTIMORE		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Thomas Kemp		14. MOTHER'S MAIDEN NAME Marie Louise Hooper	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) —		16. SOCIAL SECURITY NO. —	
17. INFORMANT Miss Eleanor Dorsey		ADDRESS 1422 Bolton St.	

18. 4200 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) PULMONARY EDEMA DUE TO Arteriosclerotic Heart disease ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Hypertensive Cardiovascular Heart disease	CAUSE OF DEATH PULMONARY EDEMA Arteriosclerotic Heart disease Hypertensive Cardiovascular Heart disease	INTERVAL BETWEEN ONSET AND DEATH 24 hrs. years years
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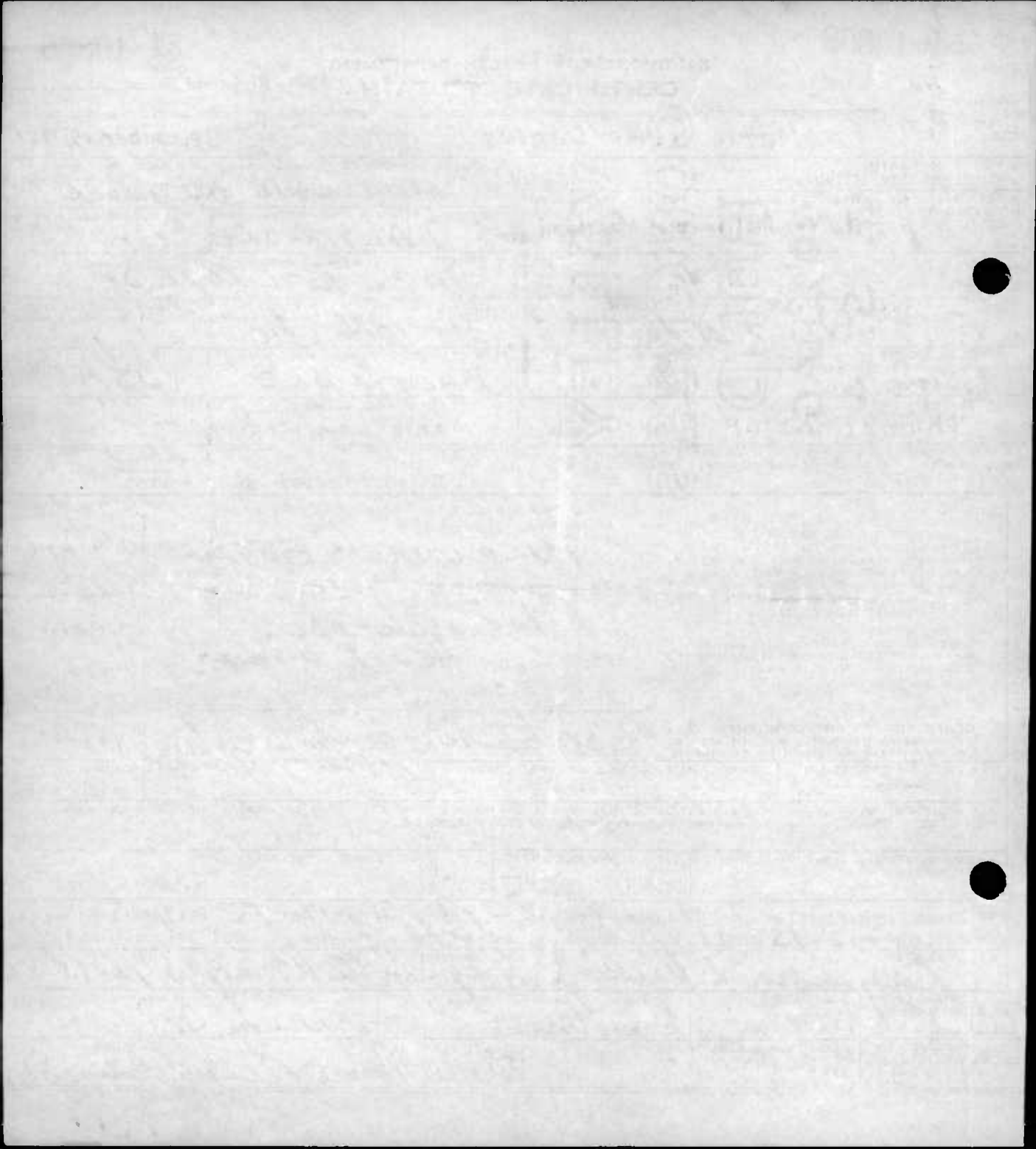
19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION Heart disease	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) —	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) —	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) —
21D. TIME (Month) (Day) (Year) (Hour) INJURY —	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from **12-14-51**, to **12-15-51**, that I last saw the deceased alive on **12-15-51**, and that death occurred at **8:30** m., from the causes and on the date stated above.

23A. SIGNATURE
Raymond K. Harkley
M.D.
23B. ADDRESS
Hosp. for the Women, Md.
23C. DATE SIGNED
12-15-51

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12/18/51	24C. NAME OF CEMETERY OR CREMATORY Green Mount	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
--	------------------------------	--	--

DATE RECEIVED BY LOCAL REGISTRAR
DEC 17 1951
REGISTRAR'S SIGNATURE
Huntington Hill, Md.
25. FUNERAL DIRECTOR
W. W. Meekins
ADDRESS
Don 805 N. Calvert St.



51 10869

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10869

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mae Irene Gano

2. DATE
OF
DEATH

12-14-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

BALTIMORE CITY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

South Balto. General Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

—

21-22

C. Length of stay in Baltimore

58 Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1261 CARROLL ST

5. SEX

FEM.

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

AUG-14-1893

9. AGE (in years last birthday)

58

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CASHIER

10B. KIND OF BUSINESS OR INDUSTRY

MAY. CO

11. BIRTHPLACE (State or foreign country)

BALTIMORE MD

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

ADAM MILLER

Dept. Store

14. MOTHER'S MAIDEN NAME

AMELIA BRENZER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

315-01-2100

17. INFORMANT

ADDRESS

FRANCIS GANO-1261 CARROLL ST

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Uremia, terminal

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerotic C-rp

DUE TO

(C) Nephrosclerosis

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Pulmonary infarction

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-8-1951 to 12-14, 1951, that I last saw the deceased alive on 12-14, 1951, and that death occurred at 2:55 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Hung-tsing Wong

M. D.

23B. ADDRESS

1213 Light street

23C. DATE SIGNED

12-15-1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

DEC-18-51

24C. NAME OF CEMETERY OR CREMATORY

HOLY CROSS CEM.

24D. LOCATION (City, town, or county)

A. A. Co.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

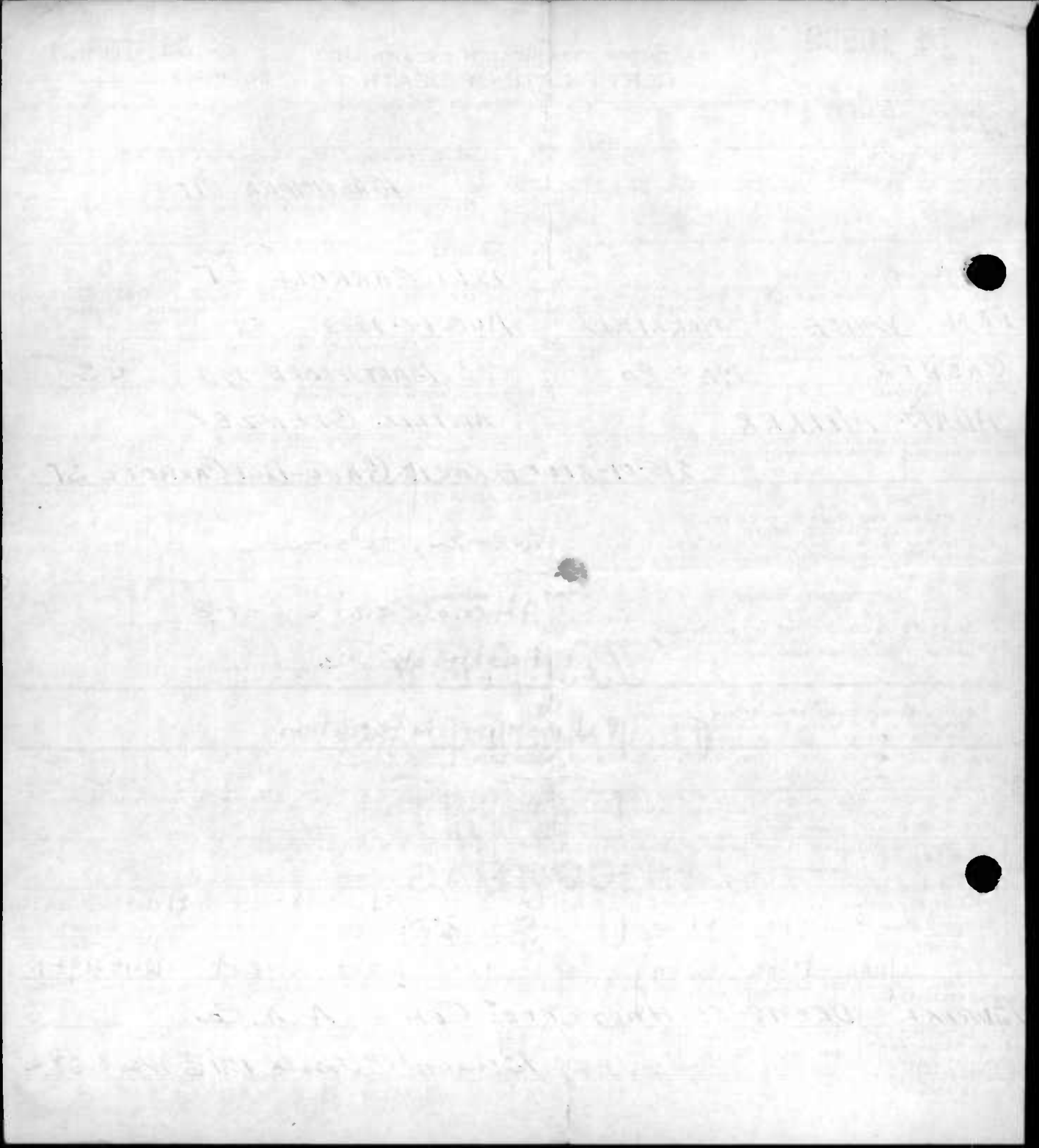
REGISTRAR'S SIGNATURE

T. Williams

25. FUNERAL DIRECTOR

ADDRESS

Bernard C. Horle 131 E West St



51 10870

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10870
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John H. Westphal

2. DATE
OF
DEATH

12-14-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Doe St Josephs

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2054 Kennedy Ave 9-08

Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

May 29 1892

9. AGE (In years last birthday)

69

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Butcher Retired

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

(n)

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. J. Arthur Weber 2054 Kennedy

18. 4721

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Cardio-

DUE TO Vascular Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Dr. J. Mc Cafferty

23B. CHIEF MEDICAL EXAMINER.....☐ASSISTANT MEDICAL EXAMINER.....☐M.D. MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

12-15-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/17/51

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Cem

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

William F. Home 2004 Pulley

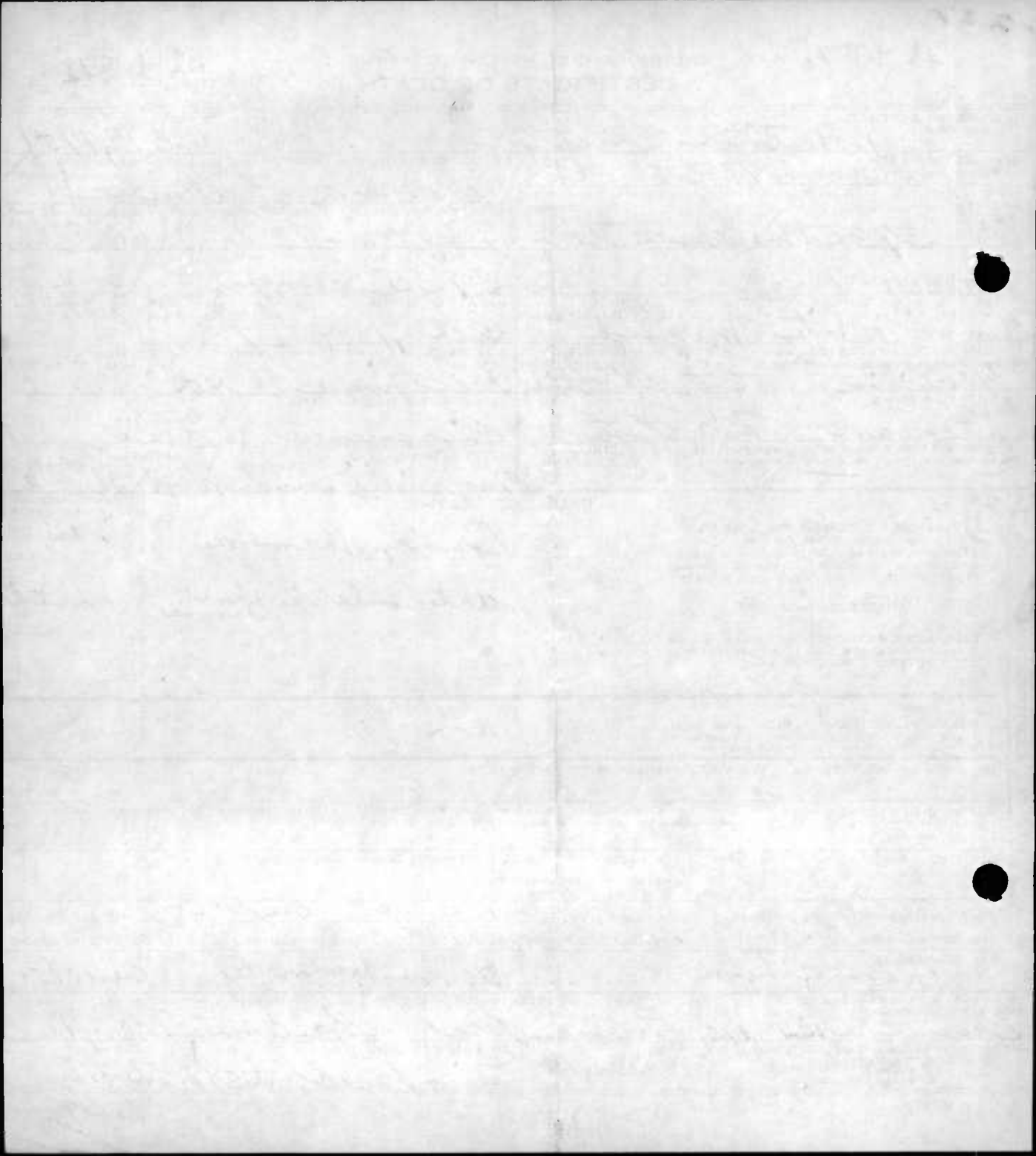
350
51 10871BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10871

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Robert Lee Mitten</i>		2. DATE OF DEATH <i>Dec 14, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>3735 Oakmont Ave</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>3735 Oakmont Ave</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 27-18</i>			
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>3735 Oakmont Avenue</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Oct 8, 1884</i>	9. AGE (In years last birthday) <i>67</i>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Machinist</i>
11. BIRTHPLACE (State or foreign country) <i>Westminster Md. U.S.A.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>Frank Mitten</i>	
14. MOTHER'S MAIDEN NAME <i>Wilhelmina Lutes</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Mr. William E. Shipley</i>		ADDRESS <i>Baltimore 3733 Ave</i>		18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Coronary Thrombosis</i>	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>420.0 I</i>		CAUSE OF DEATH <i>Coronary Thrombosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Arteriosclerotic heart disease</i>		(A) DUE TO		(B) DUE TO	
(C) DUE TO		(D) DUE TO		(E) DUE TO	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>None</i>					

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Oct. 15, 1951</i> , to <i>Dec. 14, 1951</i> , that I last saw the deceased alive on <i>Dec 14, 1951</i> , and that death occurred at <i>7:30</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Harold Levin</i>		23B. ADDRESS <i>1818 Reisterstown Rd</i>		23C. DATE SIGNED <i>Dec 15/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Dec 18, 1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Lorraine Park</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore Maryland</i>		25. FUNERAL DIRECTOR <i>Loring Byers</i>		ADDRESS <i>5005 The Heights</i>	



200
51 10872BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10872

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2403 Arlington Ave

Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Watchman Armour Fertilizer

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

George F. Mix

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

214-03-488

2. DATE OF DEATH

Dec. 14 - 1951

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE Maryland B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-05

D. STREET ADDRESS (If rural, give location)

2403 Arlington Ave

8. DATE OF BIRTH

Jan. 3 - 1879

9. AGE (In years last birthday)

72

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Anna Marie Ramsauer

17. INFORMANT

Mrs. Mamie Mix - Arlington

ADDRESS 2403

18.

331X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) cerebral hemorrhage

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

6 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) emphysema arteriosclerosis

DUE TO

5 yrs.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 10, 1949, to Dec 14, 1951, that I last saw the deceased alive on Dec 13, 1951, and that death occurred at 6 A. m., from the causes and on the date stated above.

23A. SIGNATURE

George Sawyer

M. D.

23B. ADDRESS

4808 Harford Rd.

23C. DATE SIGNED

12/15/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12/17/51

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park

24D. LOCATION (City, town, or county)

Bald Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wm. Williams, M.D.

25. FUNERAL DIRECTOR

J. Luck

ADDRESS

5305 Harford Rd

DEC 17 1951

VS 150

763 4R

83a

MEDICAL CERTIFICATION

Dr. Sanger

62-51 10873

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10873
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ERNEST SUMMERS		2. DATE OF DEATH Dec. 15, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 48 Maryland General Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 17-02	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1206 Druid Hill Avenue	
5. male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 13, 1891
9. AGE (In years last birthday) 60		10. If Under 1 Year Months Days If Under 24 Hours Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY Chauffeur	
11. BIRTHPLACE (State or foreign country) Mottsville, Alabama		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME William Summers		14. MOTHER'S MAIDEN NAME Haddie Broadmax	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 212-20-3932	
17. INFORMANT Mrs. Edna Summers		ADDRESS 1206 Druid Hill Ave.	

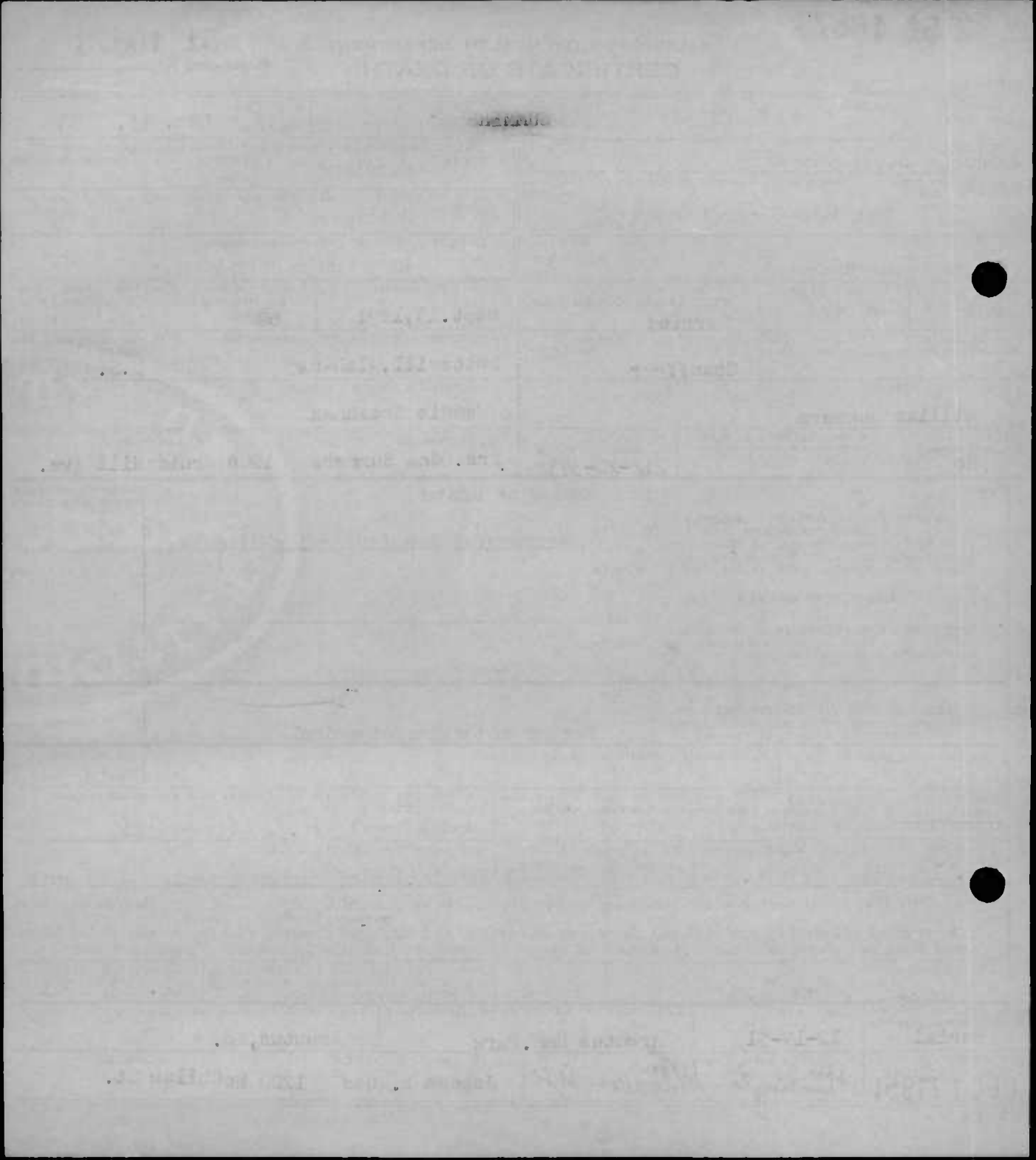
18. E 891.5	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Hypertensive cardiovascular disease DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Carbon monoxide poisoning		

19A. DATE OF OPERATION 2	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Mount Royal Ave. & Oliver Sts. 11/2
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Dec. 15, 1951 2:30 A. m.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Inhalation of carbon monoxide - in auto

I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William V. Roberts</i>	23B. CHIEF MEDICAL EXAMINER... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER... <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR	23C. DATE SIGNED Dec. 17, 1951
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12-19-51	24C. NAME OF CEMETERY OR CREMATORY Arbutus Mem. Park
24D. LOCATION (City, town, or county) (State) Arbutus, Md.		

DATE RECEIVED BY LOCAL REGISTRAR DEC 17 1951	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR Joseph L. Russ	ADDRESS 1200 McCulloh St.
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322

51 10874

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10874

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Stokes

2. DATE
OF
DEATH

12-12-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

322 - Worsley St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. State Md.

B. County City

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 112-04

D. STREET ADDRESS (If rural, give location)

322 - Worsley St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

6. COLOR OR RACE

M. Col.

7. SINGLE / MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

?-?-1898

9. AGE (in years
last birthday)

53

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Contractor

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

?

216-24

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give year or dates of service)

no no

16. SOCIAL
SECURITY NO.

-0909-A

17. INFORMANT

Helen Bolden

18. ADDRESS

1718 Brentwood Ave

18.

331X I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

2 rules

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/28, 1951, to 12/12, 1951, that I last saw the
deceased alive on 11/28, 1951, and that death occurred at 3:40 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

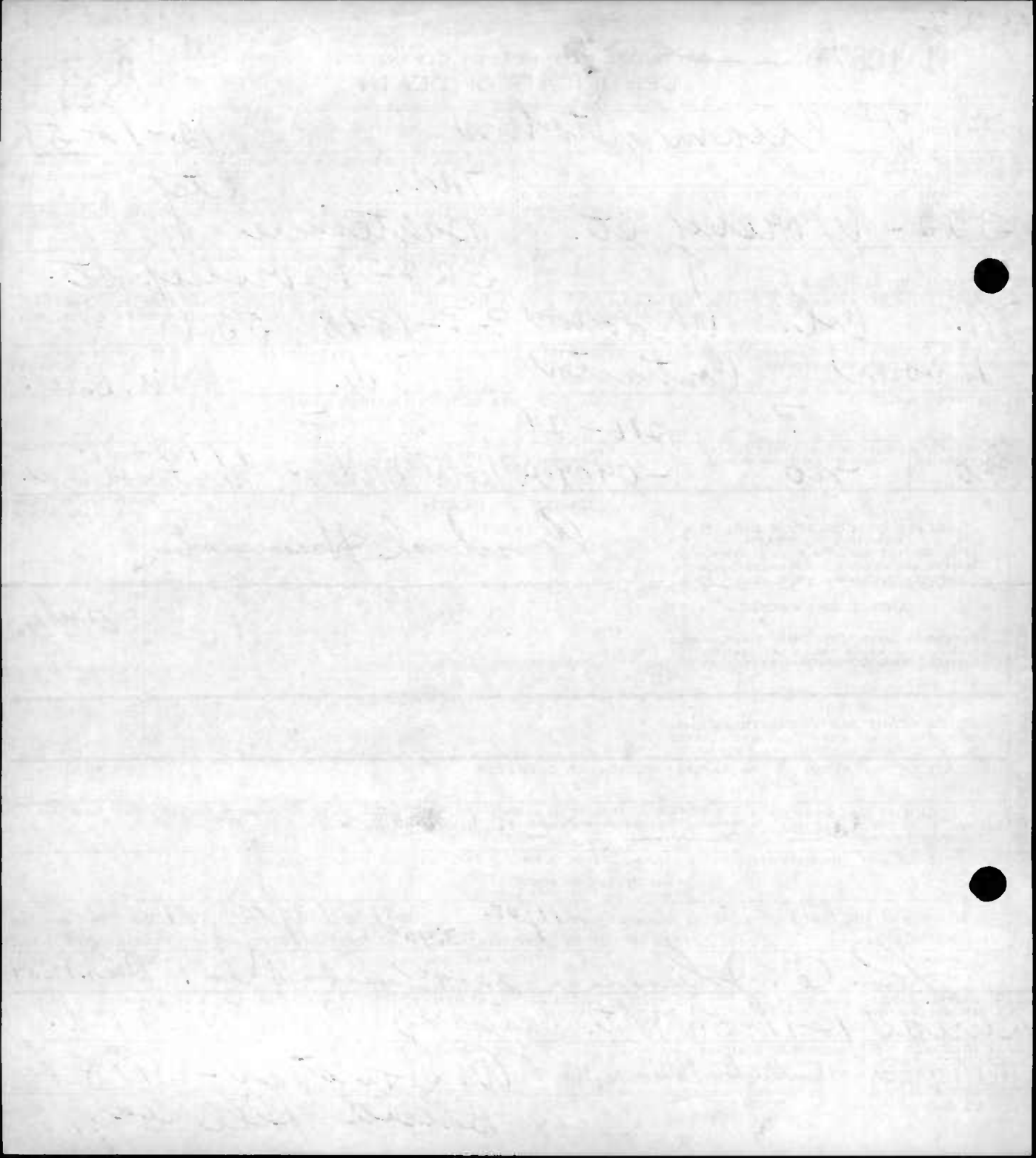
ADDRESS

DEC 17 1951

Huntington Williams, Jr.

W. J. Halstead - 918 -

97024 Alcid Hill Ave. 83a



51 10875

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10875

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

DOROTHY

HICKS

2. DATE
OF
DEATH

Dec. 15, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Johns Hopkins Hospital

C. Length of stay in Baltimore

10 yrs

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Joshua Boone

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

10-01

D. STREET ADDRESS (If rural, give location)

1214 Harford Avenue

8. DATE OF BIRTH

10-4-1927

9. AGE (in years last birthday)

24

11 Under 1 Year
Months: Days12 Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Norfolk, Va.

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Mollie Jones

17. INFORMANT ADDRESS

Mollie Boone 1428 Belvedere St

18. 581.0 CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Fatty liver

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Roeder

23B. CHIEF MEDICAL EXAMINER ☒ASSISTANT MEDICAL EXAMINER ☒MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Dec. 15, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

12-18-51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary

24D. LOCATION (City, town, or county)

D. D. County, Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William V. Roeder

25. FUNERAL DIRECTOR

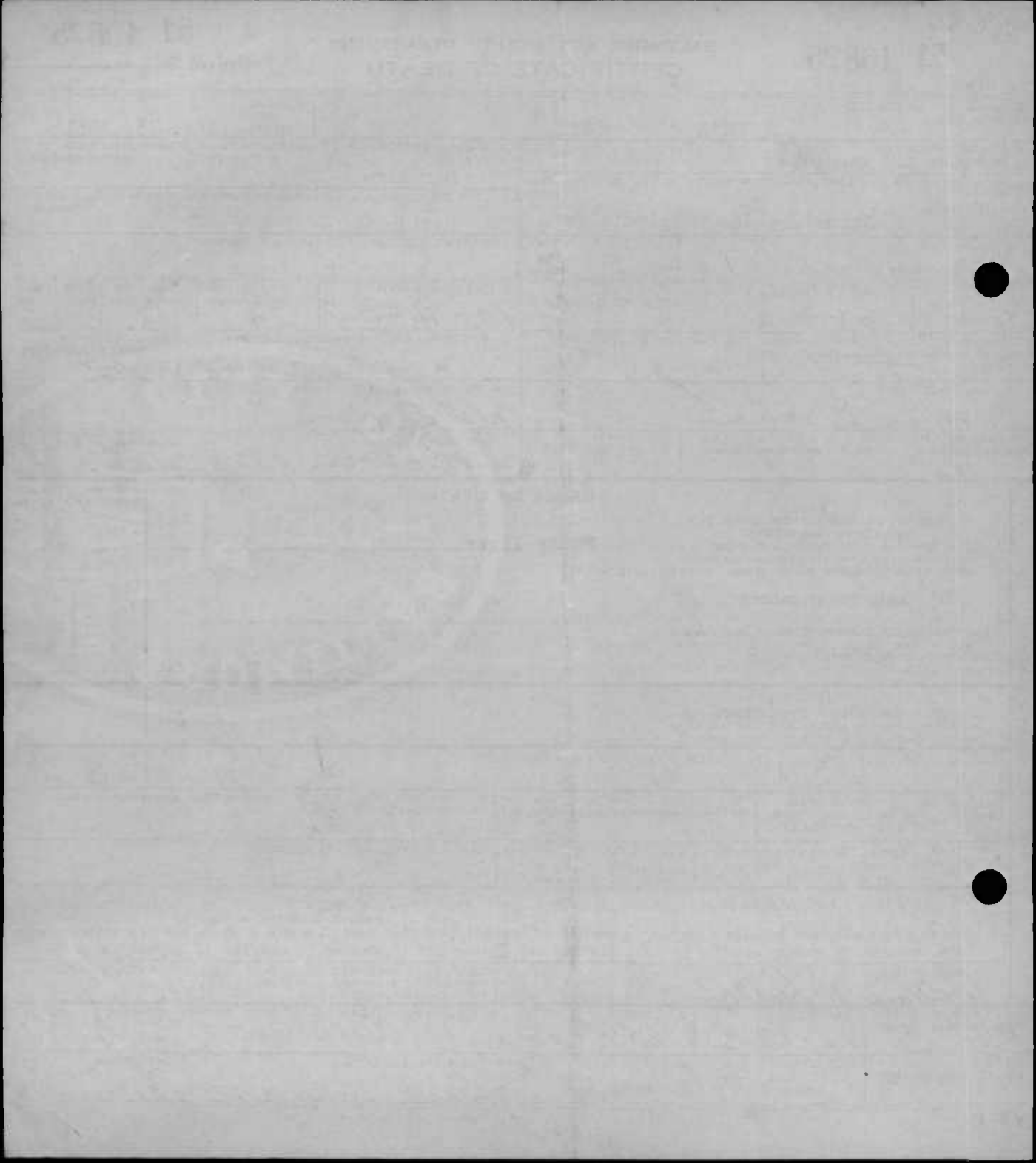
Joseph E. Lock, Jr. 1304 N. Central Ave

ADDRESS

VS 151

7208A

12412



51 10876

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10876
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JAMES E DANIELS

2. DATE OF DEATH
Dec. 15, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Provident Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

728 Pennsylvania Avenue

C. Length of stay in Baltimore

50

Yrs.
Mos.
Days5. Sex
male6. COLOR OR RACE
colored7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
MARRIED8. DATE OF BIRTH
12-25-18939. AGE (In years last birthday)
57If Under 1 Year
Months Days
11 20If Under 24 Hours
Hours Min.
2010A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
PORTER10B. KIND OF BUSINESS OR INDUSTRY
TAILOR SHOP.

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

JAMES DANIELS

N. C.

14. MOTHER'S MAIDEN NAME

MARY HANDY - Md.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Ella B. Hall, 1817 Ashburton St.

18. 6924

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cellulitis of both lower extremities

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB. ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William A. Jackson

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
Dec. 15, 195124A. BURIAL, CREMATION, REMOVAL (Specify)
BURIAL

24B. DATE

12-18-51

24C. NAME OF CEMETERY OR CREMATORY

MT. AUBURN CEM.

24D. LOCATION (City, town, or county)

BALTIMORE, MD.

(State)

DATE RECEIVED BY LOCAL REGISTRAR
DEC 17 1951

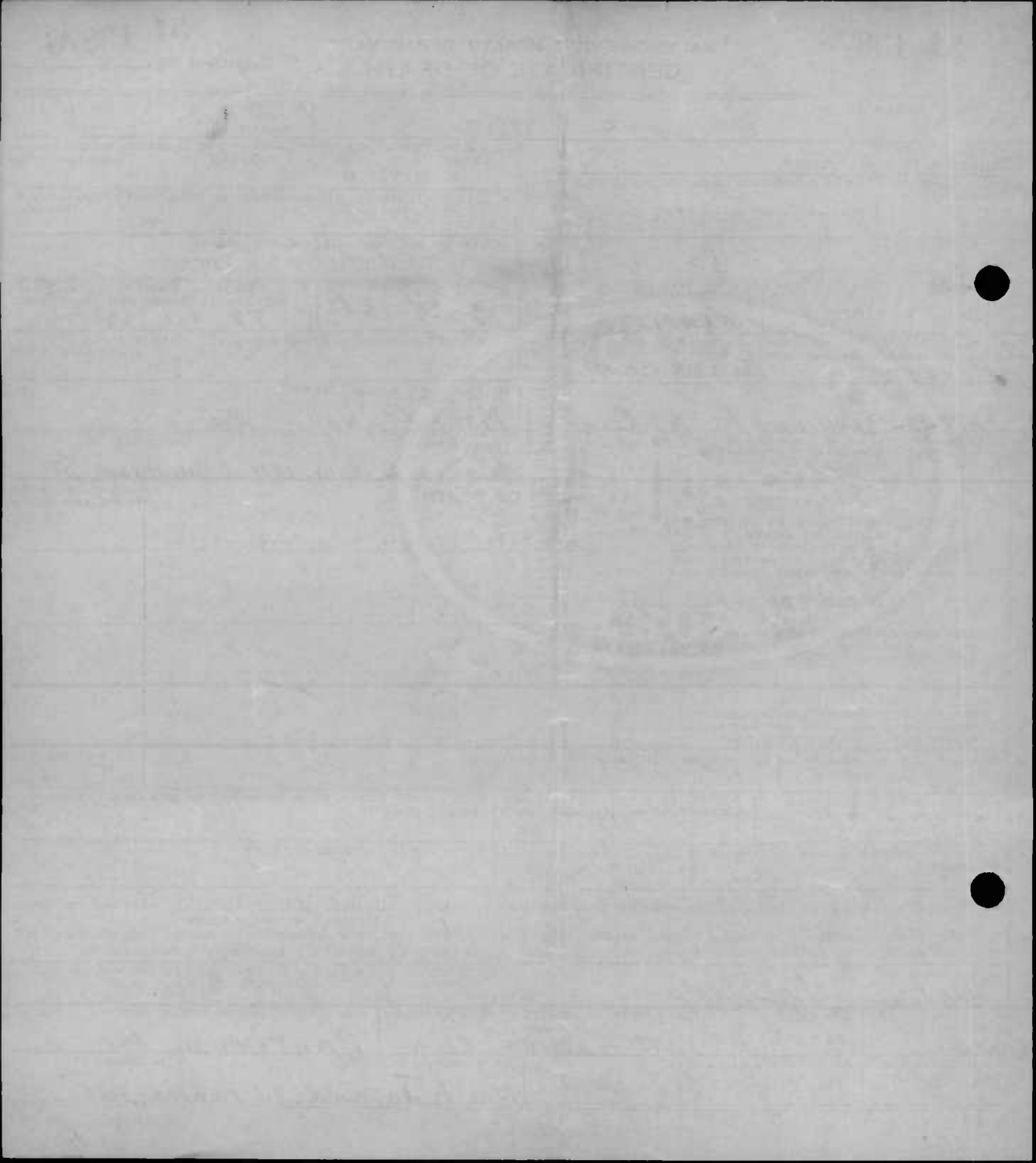
REGISTRAR'S SIGNATURE

William A. Jackson

25. FUNERAL DIRECTOR

ADDRESS

WM. A. JACKSON, 916 PENNA. AVE.



620

51 10877

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10877

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANTHONY J. BIRCH

2. DATE
OF
DEATH

December 13, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

915 Lyndhurst Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

915 Lyndhurst Street

C. Length of stay in Baltimore

Lifetime

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct. 3 1907

9. AGE (In years
last birthday)

44

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR
INDUSTRY

National Lead CO.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

James B. Birch

PAINT (A)

14. MOTHER'S MAIDEN NAME

Mary Stapleton

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL
SECURITY NO.

216-01-3276

17. INFORMANT

Wife

ADDRESS

Mary E. Birch

915 Lynhurst St.

18. 4701

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary Artery Sclerosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley B. Dineen, M.D.

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

12/14/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

12-18-51

New Cathedral Cemetery

Baltimore Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 17 1951

Huntington Williams, M.D.

J. S. Dineen, 2343 4th St. N.E.

VS 151

49048

94a ✓

MEDICAL CERTIFICATION

1994, 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 26

51 10878

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Clarence W. Brown		Dec. 14, 1951	
3. PLACE OF DEATH:			
A. Baltimore City, Maryland			
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)			
St. Agnes Hospital (DOA)			
4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)			
A. STATE		B. COUNTY	
Maryland		Baltimore	
5. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
Baltimore 20-03			
6. STREET ADDRESS (If rural, give location)			
8 S. Monroe St MONROE			
7. Length of stay in Baltimore			
"LIFE"			
8. DATE OF BIRTH			
Aug 3 - 1897			
9. AGE (In years last birthday)			
54			
10. COLOR OR RACE			
Mole White			
11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)			
Married			
12. KIND OF BUSINESS OR INDUSTRY			
Carpenter			
13. BIRTHPLACE (State or foreign country)			
Baltimore, Md			
14. CITIZEN OF WHAT COUNTRY?			
-			
15. FATHER'S NAME			
Harry Brown			
16. MOTHER'S MAIDEN NAME			
Lottie Jordan			
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			
UNKNOWN			
18. SOCIAL SECURITY NO.			
212-30-3222			

MEDICAL CERTIFICATION	18. <u>4201</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH
	DUE TO		(A)		
	ANTECEDENT CAUSES		(B)		
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO		
		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <u>4/20/51</u>		19B. MAJOR FINDINGS OF OPERATION <u>Coronary Thrombosis</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <u>Room 11</u>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>4</u> (Month) <u>20</u> (Day) <u>1951</u> (Year) <u>11</u> (Hour)		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <u>Heart attack</u>	

I certify that I took charge of the remains described above, held an Inspection thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE <i>Wm. H. Kammer, Jr.</i>		23b. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23c. DATE SIGNED <i>Dec. 15, 1951</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>12/18/51</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Westview</i>	24d. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 17 1951</i>	REGISTRAR'S SIGNATURE <i>Wm. H. Williams, Jr.</i>		25. FUNERAL DIRECTOR <i>H. X. Neuhoff, Son</i>	
		ADDRESS <i>San Francisco</i>		

BALTIMORE CITY

[Faint, illegible handwriting]

[Faint, illegible handwriting]

262
26051 10879

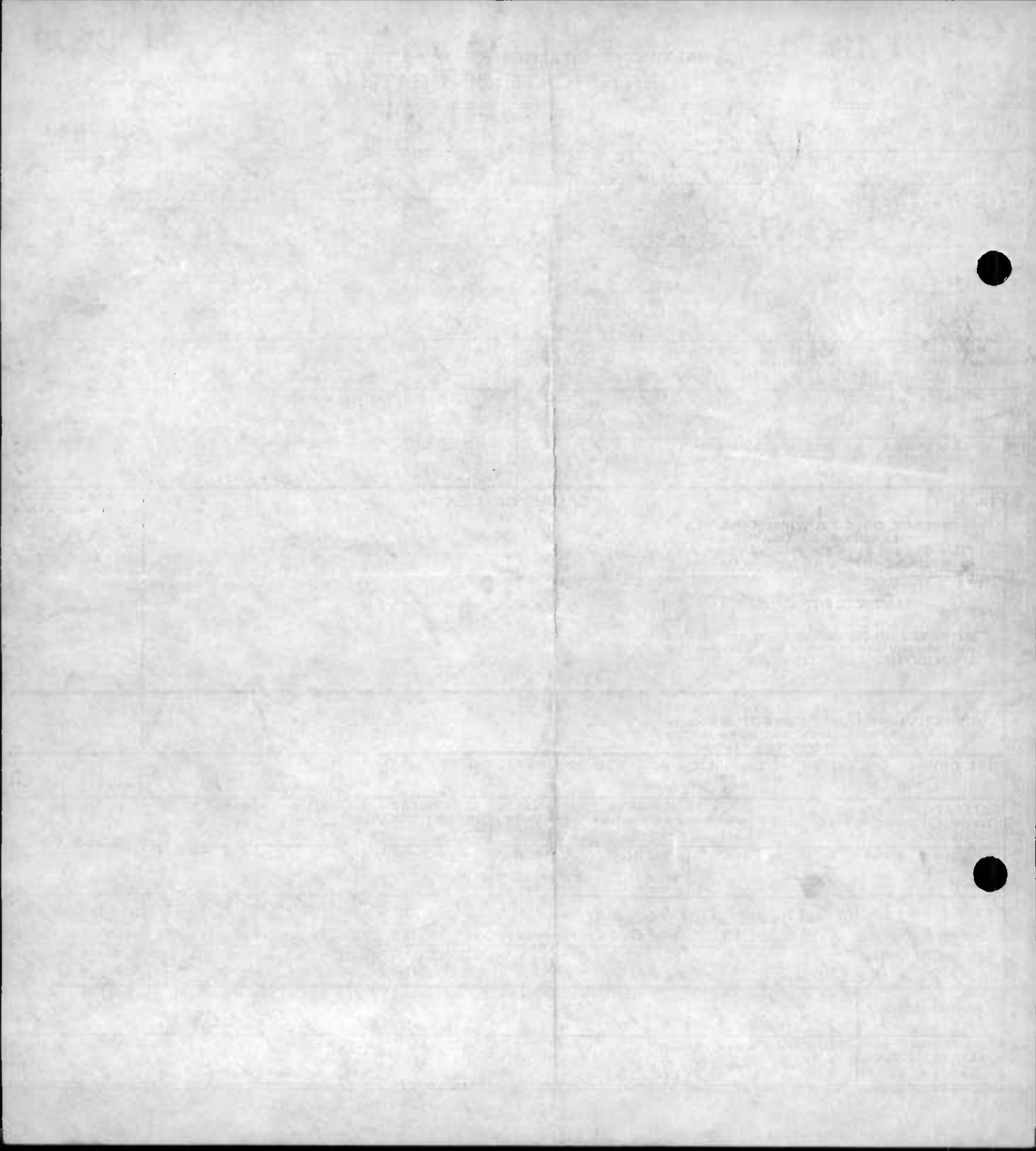
51 10879

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO.		2. DATE OF DEATH <i>12-14-51</i>	
1. NAME OF DECEASED (Type or Print) <i>Pauline Jezierski (Meager)</i>		2. DATE OF DEATH <i>12-14-51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto</i>		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>1-03</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>246 S. Collington Ave.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto - 31 - Md.</i>	
6. LENGTH OF STAY IN BALTIMORE <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>246 S. Collington Ave</i>	
7. SEX <i>F.</i>	8. COLOR OR RACE <i>W.</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	10. DATE OF BIRTH <i>2-6</i>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		12. KIND OF BUSINESS OR INDUSTRY <i>Home</i>	
13. FATHER'S NAME <i>2.</i>		14. MOTHER'S MAIDEN NAME <i>E.</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>✓</i>		16. SOCIAL SECURITY NO. <i>✓</i>	
17. INFORMANT <i>Theresa Rozak</i>		ADDRESS <i>Same</i>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Chronic Myocarditis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 yrs.</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Demerol</i>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>12/16</i> , 19 <i>48</i> , to <i>12/14/51</i> , that I last saw the deceased alive on <i>12/10/51</i> , and that death occurred at <i>7:30</i> m., from the causes and on the date stated above.			
23A. SIGNATURE <i>John F. Neumann</i>		23B. ADDRESS <i>10168 East Ave</i>	
23C. DATE SIGNED <i>12/14/51</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>12-18-51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Holy Rosary</i>	24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 17 1951</i>		REGISTRAR'S SIGNATURE <i>Therese Williams</i>	
25. FUNERAL DIRECTOR <i>Stelly & Co</i>		ADDRESS <i>403 S. Wolfe St</i>	

MEDICAL CERTIFICATION



L 20
51 10880BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10880
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Mary Schrack

2. DATE
OF
DEATH

Dec. 14, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

St. Joseph's Hospital

C. Length of stay in Baltimore

Life

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

Frank Sandner

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

605 S. Rose Street

8. DATE OF BIRTH

8-9-71

9. AGE (In years
last birthday)

81

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Anna Temple

17. INFORMANT

ADDRESS

Frank W. Wiley - same address

18. 420 1 1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary occlusion

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Arteriosclerotic cardiovascular
disease

DUE TO

(C) Arteriosclerosis, generalized

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Uremia

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/3/ 1951, to 12/14/ 1951, that I last saw the
deceased alive on 12/14/ 1951, and that death occurred at 11:15 AM, from the causes and on the date stated above.

23A. SIGNATURE

Dr. Hans K. Saw.

M. D.

23B. ADDRESS

1400 N. Caroline Street

23C. DATE SIGNED

12/14/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12-18-51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Carmel

24D. LOCATION (City, town, or county)

Balto - Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

H. H. Williams

25. FUNERAL DIRECTOR

ADDRESS

Lily & John - 4038 No. 1st

READY

45251 10881

51 10881

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

C. MARCO Y. BOLANOS

2. DATE
OF
DEATH

DEC 11, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

HAL 5

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

DIVORCED

8. DATE OF BIRTH

9-28-21

9. AGE (In years
last birthday)

30

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

NOT KNOWN

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

FRANCISCO BOLANOS

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT
JOHNS HOPKINS HOSPITAL ADDRESS

18. 43431

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Constrictive pericarditis

4 years.

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

12-10-51

19B. MAJOR FINDINGS OF OPERATION

Constrictive pericarditis

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-28-1951, to 12-11-1951, that I last saw the
deceased alive on 12-11-1951, and that death occurred at 7:15 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Dwight C. Nelson

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

12-12-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

12/18/51

24C. NAME OF CEMETERY OR CREMATORY

HOLY REDEEMER.

24D. LOCATION (City, town, or county) (State)

BELAIR. R.-BALTO. MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William H. Williams, Jr.

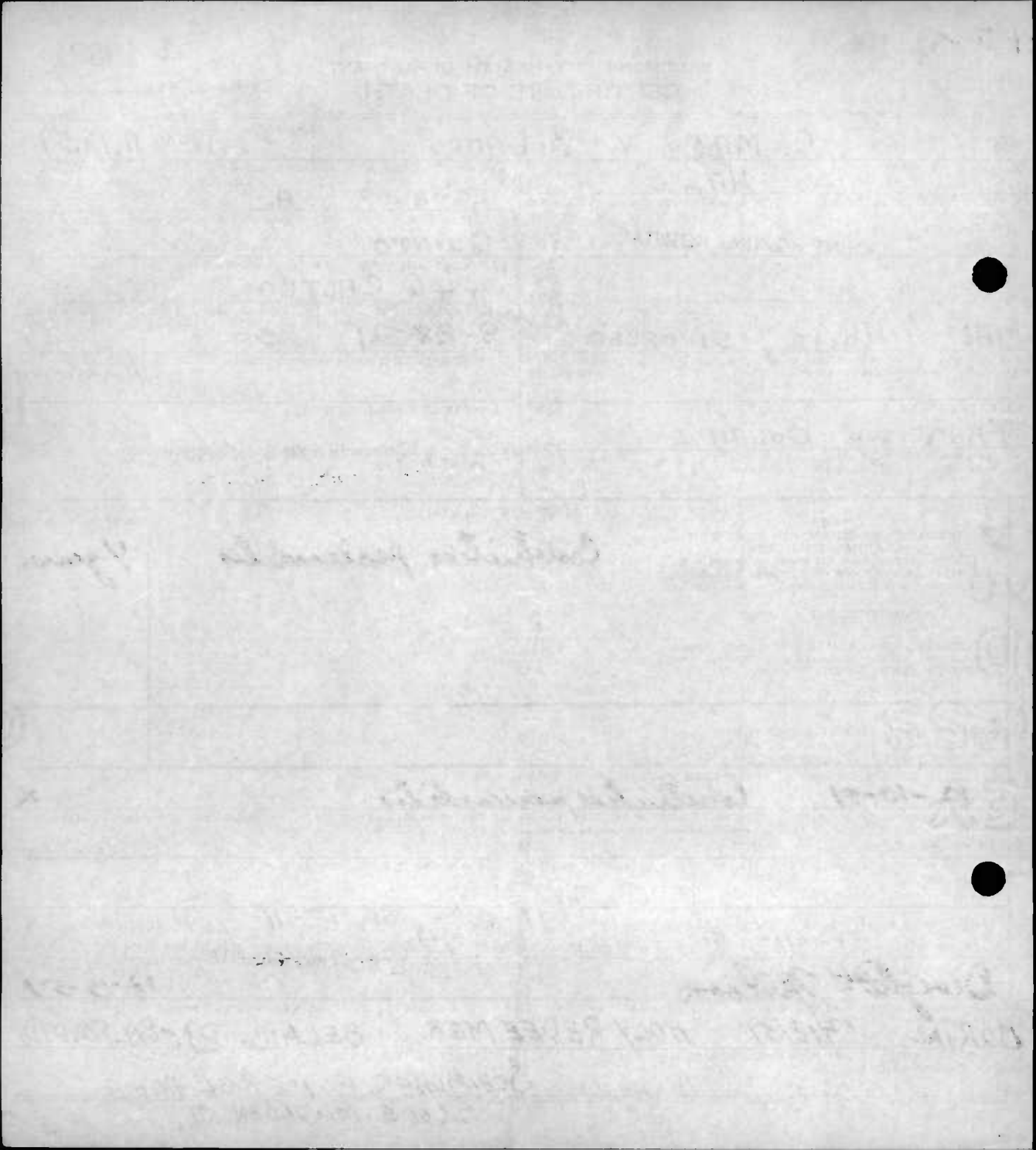
25. FUNERAL DIRECTOR

ADDRESS

SCHIMONER FUNERAL HOME.

2601 E. MADISON ST.

9012



400
51 10882

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10882
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Ollen R. All</i>		2. DATE OF DEATH <i>12-16-51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <i>Va</i> B. COUNTY <i>V-43</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Med. Gen. Hosp.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Alexandria</i>			
D. LENGTH OF STAY IN BALTIMORE		D. STREET ADDRESS (If rural, give location) <i>428 Donmantour Blvd</i>			
5. SEX <i>M.</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M.</i>	8. DATE OF BIRTH <i>2/9/1901</i>	9. AGE (In years, last birthday) <i>50</i>	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Carpenter</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Building</i>		11. BIRTHPLACE (State or foreign country) <i>Va</i>	
13. FATHER'S NAME <i>Frank All</i>		14. MOTHER'S MAIDEN NAME <i>Mollie Hilton</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT <i>428 Donmantour Blvd Luvonia All Alexandria Va</i>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) <i>Acute Cardiac Failure</i> DUE TO (B) <i>Coronary Thrombosis</i> DUE TO <i>I. C. V. D.</i>		INTERVAL BETWEEN ONSET AND DEATH <i>12 hrs.</i> <i>12 hrs.</i> <i>?</i>	
19A. DATE OF OPERATION <i>12-16-51</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>12-16</i> , 19 <i>51</i> , to <i>12-16</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>12-16</i> , 19 <i>51</i> , and that death occurred at <i>8:10 A.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>W. K. ...</i>		M. D. <i>Med. Gen. Hosp.</i>		23C. DATE SIGNED <i>12-16-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24B. DATE <i>12/17/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Roanoke</i>	
24D. LOCATION (City, town, or county) (State) <i>Va.</i>		25. FUNERAL DIRECTOR <i>Wm Cook Inc. 1217 St. Paul St.</i>			

MEDICAL CERTIFICATION

DATE RECEIVED BY LOCAL REGISTRAR
DEC 17 1951

REGISTRAR'S SIGNATURE
Wm Cook Inc.

25. FUNERAL DIRECTOR ADDRESS
Wm Cook Inc. 1217 St. Paul St.

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RECEIVED
JAN 10 1964

AMERICAN
COLUMBIAN
RECORDS

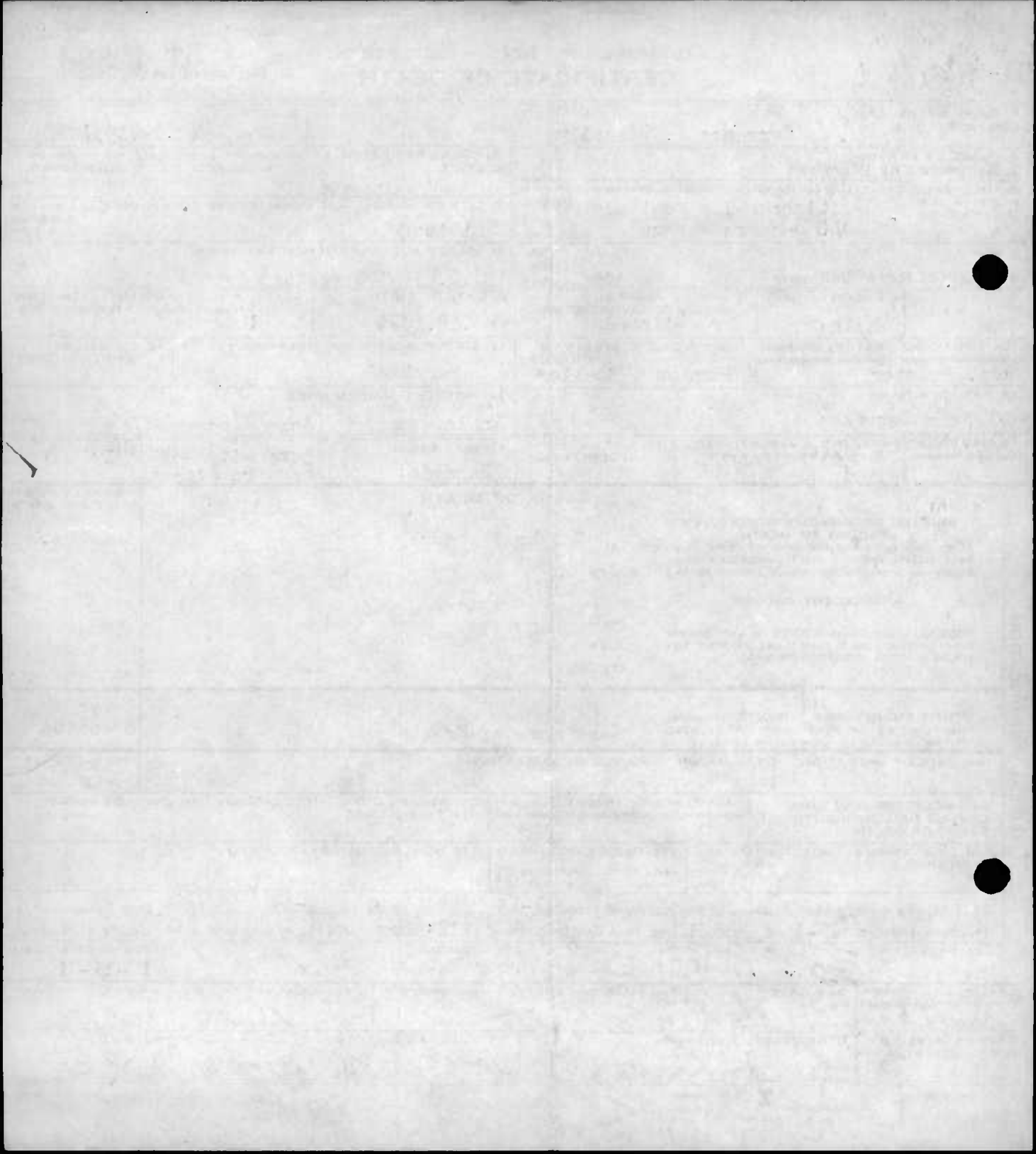
540
 51-146883

BALTIMORE CITY HEALTH DEPARTMENT
 CERTIFICATE OF DEATH

Registered No. 51 10883

1. NAME OF DECEASED (Type or Print) Terrence J. Connelly		2. DATE OF DEATH Dec. 14, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
6. LENGTH OF stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) B.C.H. 4940 Eastern Avenue	
7. SEX Male	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	10. DATE OF BIRTH Dec. 18, 1870
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Printer		12. KIND OF BUSINESS OR INDUSTRY Simpson & Doeller	
13. FATHER'S NAME John Terrence		14. MOTHER'S MAIDEN NAME Annie Jameson (Anna Jemoson)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Avenue		18. CITIZEN OF WHAT COUNTRY?	

18. 331X and 177X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 24 Hrs.
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Carcinoma of Prostate		Over 6 Months
20. DATE OF OPERATION	21. MAJOR FINDINGS OF OPERATION	22. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
23. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	24. PLACE OF INJURY (e.g., io or about home, farm, factory, street, office bldg., etc.)	25. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
26. TIME (Month) (Day) (Year) (Hour) INJURY	27. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	28. HOW DID INJURY OCCUR?
29. I hereby certify that I attended the deceased from 1-15, 1930, to 12-14, 1951, that I last saw the deceased alive on 12-14, 1951, and that death occurred at 12:40pm, from the causes and on the date stated above.		
30. SIGNATURE C. S. Cohen	31. ADDRESS 4940 Eastern Avenue	32. DATE SIGNED 12-15-51
33. BURIAL, CREMATION, REMOVAL (Specify) Burial	34. DATE 12/18/51	35. NAME OF CEMETERY OR CREMATORY Balto.
36. DATE RECEIVED BY LOCAL REGISTRAR DEC 17 1951	37. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	38. FUNERAL DIRECTOR ADDRESS Wm Cook Inc. 1217 St. Paul St



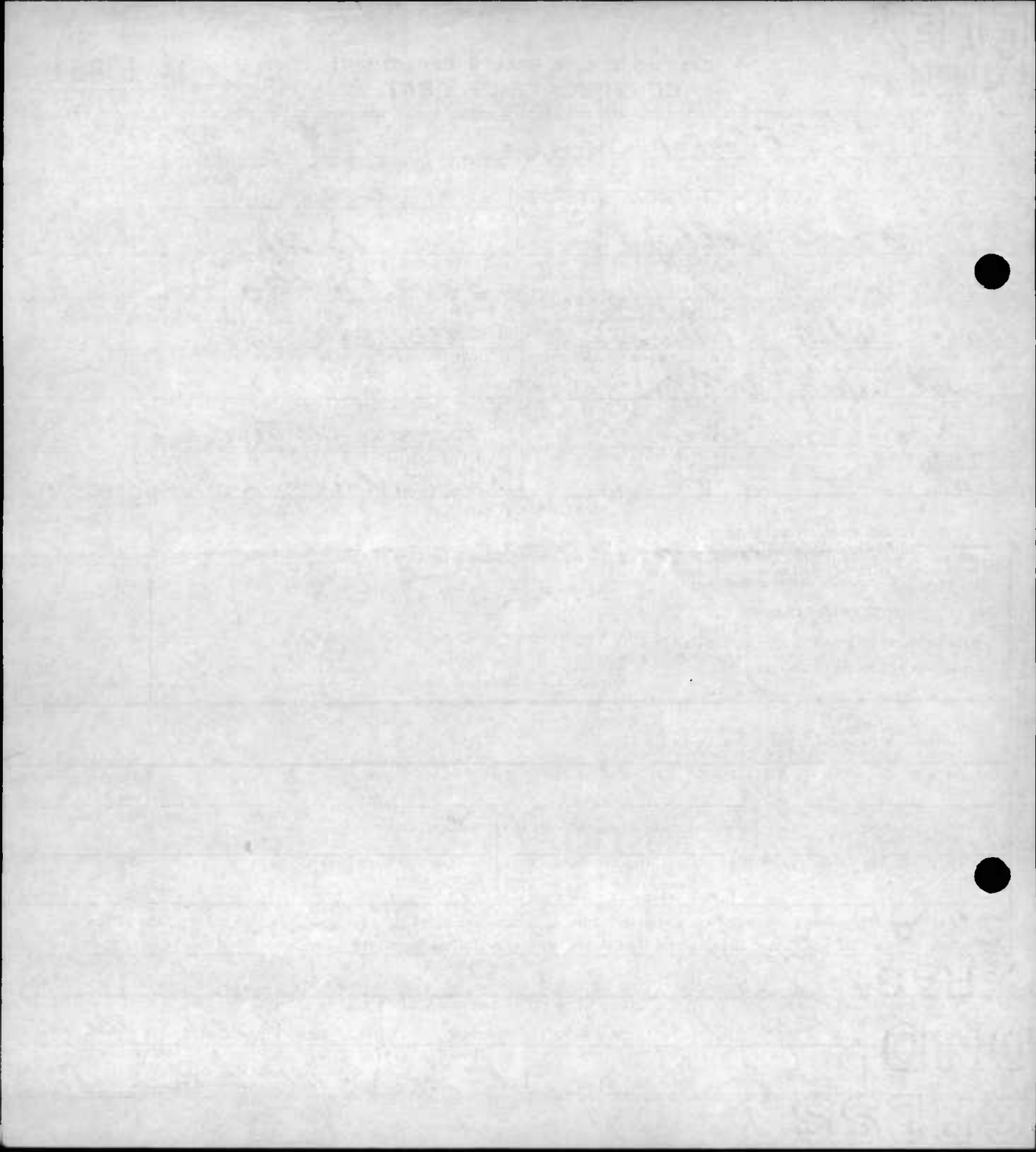
560
1 10884

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10884
Registered No.

1. NAME OF DECEASED (Type or Print) C. Elvin Sener		2. DATE OF DEATH 12/16/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MD B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 3204 Dudley Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto 26-03	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3204 Dudley Ave	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4/13/1884
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Book Keeper		10B. KIND OF BUSINESS OR INDUSTRY Natl Marine Bank	9. AGE (in years last birthday) 67
11. BIRTHPLACE (State or foreign country) Pa.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME John B. Sener		14. MOTHER'S MAIDEN NAME Susan A. Kilian	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Doris Ballman		ADDRESS 3204 Dudley Ave	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of Lung with Metastasis. DUE TO INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES (B) DUE TO (C) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 12/17/51		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
22. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan , 19 47 to Dec 16 , 19 51 that I last saw the deceased alive on 12/12 , 19 51 , and that death occurred at 5:14 m., from the causes and on the date stated above.			
23A. SIGNATURE [Signature]		23B. ADDRESS 3600 E. Dunes Ave	
23C. DATE SIGNED 12/17/51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/19/51	
24C. NAME OF CEMETERY OR CREMATORY Parkwood		24D. LOCATION (City, town, or county) (State) Parkville Md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 17 1951		REGISTRAR'S SIGNATURE [Signature]	
25. FUNERAL DIRECTOR Wm Cook, Inc.		ADDRESS 1217 St. Paul St.	

MEDICAL CERTIFICATION



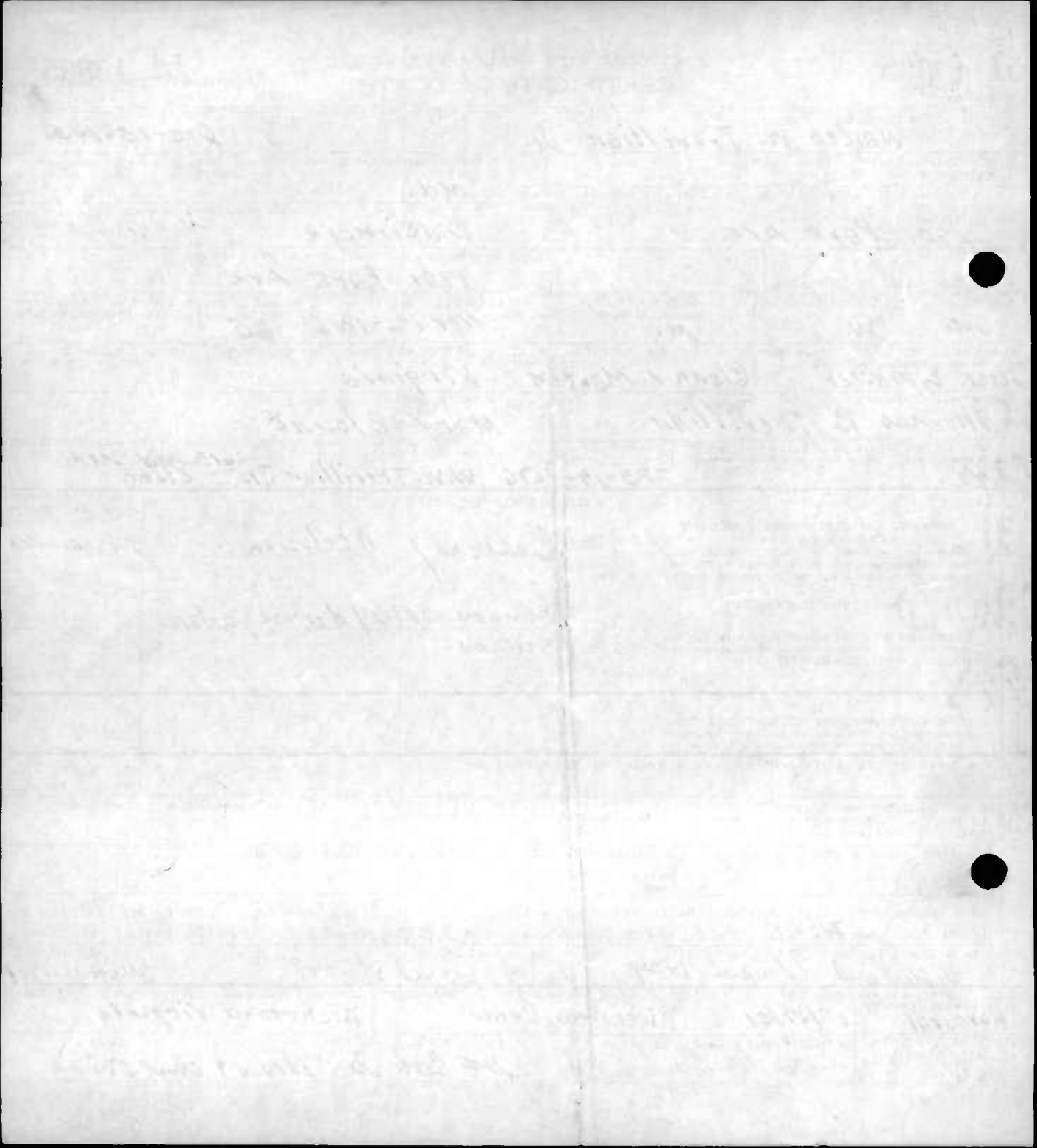
614
51 10885

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10885

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Walter W. Trevillian Jr.</i>		2. DATE OF DEATH <i>Dec-15-1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1701 Park Ave.</i>		C. CITY OR TOWN (If outside corporate limits, with RURAL and give township) <i>Baltimore 14-01</i>			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>1701 Park Ave</i>			
5. SEX <i>M.</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M.</i>	8. DATE OF BIRTH <i>Nov 12-1886</i>	9. AGE (in years last birthday) <i>65</i>	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Stock Expediter</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Glenn L. Martin AIRPLANE</i>		11. BIRTHPLACE (State or foreign country) <i>Virginia</i>	
13. FATHER'S NAME <i>Thomas B Trevillian</i>		14. MOTHER'S MAIDEN NAME <i>Mary Blount</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>223-14-8676</i>		17. INFORMANT <i>W. W. Trevillian Jr. 613 2nd Ave ESW.</i>	
18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronary Occlusion</i>		(A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH <i>5-10 minutes</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Coronary artery disease, atherosclerosis</i>		(B) DUE TO			
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Dec. 1950</i> , to <i>Dec 15</i> , 1951, that I last saw the deceased alive on <i>Nov. 10</i> , 1951, and that death occurred at <i>3:00 P. m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Merland Edward Day</i>		23B. ADDRESS <i>M. D. 4-E-33rd St. - 18</i>		23C. DATE SIGNED <i>December 17, 1951</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24B. DATE <i>12/17/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Riverview Cem.</i>	
24D. LOCATION (City, town, or county) (State) <i>Richmond Virginia</i>					
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 17 1951</i>		REGISTRAR'S SIGNATURE <i>W. W. Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Wm Cook Inc. 1217 St Paul St.</i>	

MEDICAL CERTIFICATION



525

1 10886
BIRTH NO.

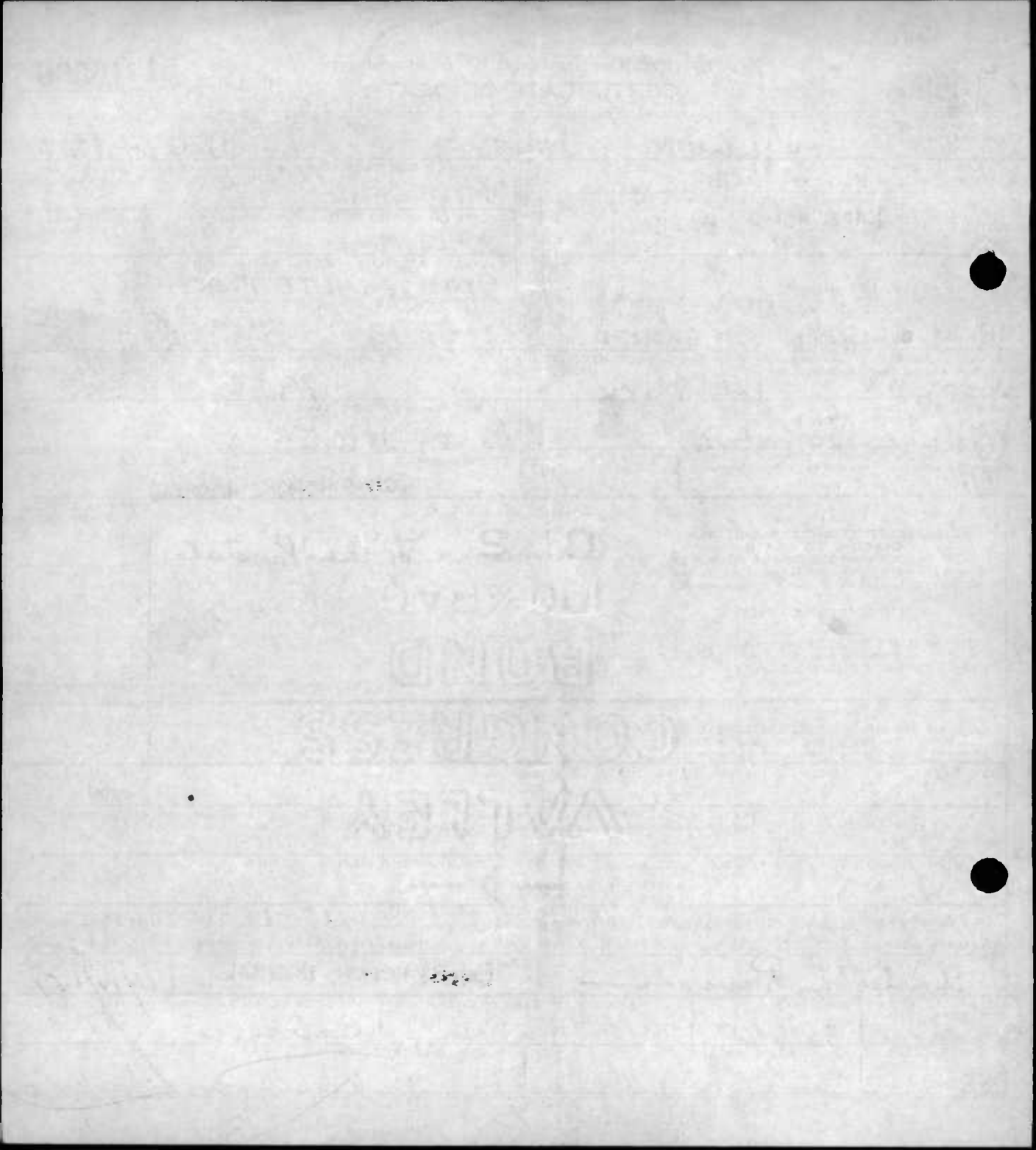
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10886

1. NAME OF DECEASED (Type or Print) William Johnson		2. DATE OF DEATH DEC 14, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland Brady 2		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 18-01	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 910 BENNETT PLACE	
5. SEX MALE	6. COLOR OR RACE COLORED	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 11-7-98
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Washer		10B. KIND OF BUSINESS OR INDUSTRY Laundry	9. AGE (In years last birthday) 53 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME William Johnson		14. MOTHER'S MAIDEN NAME Mary Hicks	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT JOHNS HOPKINS HOSPITAL		ADDRESS	

18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 177X I Carcinoma of the Prostate (A) DUE TO ANTECEDENT CAUSES (B) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12-1- , 19 51 , to 12-14- , 19 51 , that I last saw the deceased alive on 12-14- , 19 51 , and that death occurred at 5 A.m. , from the causes and on the date stated above.					
23A. SIGNATURE Charles L. Ransom M. D.		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 12/14/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec 18, 1951		24C. NAME OF CEMETERY OR CREMATORY mt. Auburn	
24D. LOCATION (City, town, or county) (State) Baltimore Md.		25. FUNERAL DIRECTOR Mrs. Katie R. Williams ADDRESS 322 N. Schreiner			



200

51 10887

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10887
Registered No.

1. NAME OF DECEASED (Type or Print) Moses Mackey		2. DATE OF DEATH 12-13-1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Balto.	
5. FULL NAME OF (If not in hospital or institution, give street address or location) 2523 Madison Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.	
6. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days 2523 Madison Ave		D. STREET ADDRESS (If rural, give location) 2523 Madison Ave	
5. SEX Male	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 8, 1886
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Son	9. AGE (in years last birthday) 65
11. BIRTHPLACE (State or foreign country) Balto.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Moses Mackey		14. MOTHER'S MAIDEN NAME Lizzie Douglas	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Isabelle Mackey		ADDRESS 2523 Madison Ave	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 163X I Carcinoma lung		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12/7/51 , 19 51 , to 12/13/51 , 19 51 , that I last saw the deceased alive on 12/13/51 , 19 51 , and that death occurred at 5:30 P.M. , from the causes and on the date stated above.			
23A. SIGNATURE V. Shorofsky M.D.		23B. ADDRESS 601 N. Monroe St	
23C. DATE SIGNED 12/15/51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Buried	24B. DATE Dec 17, 1951	24C. NAME OF CEMETERY OR CREMATORY Arbutus Memorial	24D. LOCATION (City, town, or county) (State) Arbutus, Md.
DATE RECEIVED BY LOCAL REGISTRAR DEC 17 1951	REGISTRAR'S SIGNATURE William Williams, M.D.	25. FUNERAL DIRECTOR Mrs. Katie R. Williams	
		ADDRESS Schroeder St.	

STATE OF MICHIGAN
DEPARTMENT OF HEALTH
BIRMINGHAM, ALABAMA
CERTIFICATE OF DEATH

Name of Deceased		Date of Death	
Place of Birth		Date of Birth	
Sex		Race	
Marital Status		Occupation	
Cause of Death		Place of Death	
Time of Death		Signature of Physician	
Signature of Registrar		Signature of Coroner	

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 10888

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Nagan, Aloyaius</i>		2. DATE OF DEATH <i>12/16/51</i>	
3. PLACE OF DEATH A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>md</i> B. COUNTY <i>Baltimore</i> C. CITY OR TOWN <i>Baltimore</i> D. STREET ADDRESS (If rural, give location) <i>1021 Hanover St.</i>	
5. SEX <i>Male</i> 6. COLOR OF RACE <i>White</i> 7. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>5/12/1908</i> 9. AGE (In years last birthday) <i>43</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>P.H.S. FE. MAINTENANCE ENGINEER</i>		11. BIRTHPLACE (State or foreign country) <i>U.S.</i>	
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13. FATHER'S NAME <i>Joseph Nagan</i>		14. MOTHER'S MAIDEN NAME <i>Katie McCarty</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Uremia</i> DUE TO <i>Chronic Nephritis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>30 days</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Hypertensive Encephalopathy</i> DUE TO <i>Chronic Nephritis</i>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *11/12*, 19*51*, to *12/15*, 19*51*, that I last saw the deceased alive on *12/15*, 19*51*, and that death occurred at *10:00* m., from the causes and on the date stated above.

23A. SIGNATURE <i>Wm Crawford</i>		23B. ADDRESS <i>U.S. P.H.S. Hosp. Balt, Md</i>		23C. DATE SIGNED <i>12/15/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>12/18/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>St Michael's Cem</i>	
24D. LOCATION (City, town, or county) (State) <i>Pioplars Springs Md</i>		24E. FUNERAL DIRECTOR <i>Frank C. Gaffney</i>		24F. ADDRESS <i>Garthurb...</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 17 1951</i>		REGISTRAR'S SIGNATURE <i>Wm Crawford</i>		25. FUNERAL DIRECTOR ADDRESS	

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 51 10889

1. NAME OF DECEASED (Type or Print) LILIAN DICKERSON		2. DATE OF DEATH Dec. 15, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY 15-38	
B. FULL NAME OF HOSPITAL OR INSTITUTION 3004 Garrison Blvd.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 3004 Garrison Blvd.	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Dec. 24, 1871
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) never worked		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years; last birthday) 79
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME William H. Dickerson		14. MOTHER'S MAIDEN NAME Elizabeth E. Trundle	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no	16. SOCIAL SECURITY NO. no	17. INFORMANT ADDRESS Mr. Edwin T. Dickerson-3004 Garrison Blvd	

18. 4/20-1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	(A) Arteriosclerotic Cardio Vasc. Dis. DUE TO Coronary Arteriosclerosis	?
	(B) Auricular Fibrillation DUE TO Anaesthesia	?
	(C) Syncope	?
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec. 13, 1951 , to Dec. 14, 1951 , that I last saw the deceased alive on Dec. 14, 1951 , and that death occurred at 3 1/2 m. , from the causes and on the date stated above.					
23A. SIGNATURE X. Kulevitz		23B. ADDRESS 244 N. Hilton St.		23C. DATE SIGNED 12/17/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/18/51		24C. NAME OF CEMETERY OR CREMATORY Monocacy Cem.	
24D. LOCATION (City, town, or county) (State) Beallsville, Md.		25. FUNERAL DIRECTOR ADDRESS Wm. J. Tichener & Sons 937 Balto. Md.			

STATE OF NEW YORK
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

NAME OF DECEASED

AGE

SEX

RACE

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

TIME OF DEATH

CAUSE OF DEATH

MANNER OF DEATH

PLACE OF DEATH

NAME OF PHYSICIAN

SIGNATURE OF PHYSICIAN

DATE

PLACE

STATE

COUNTY

TOWNSHIP

NAME OF DECEASED

AGE

SEX

RACE

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

TIME OF DEATH

CAUSE OF DEATH

MANNER OF DEATH

PLACE OF DEATH

NAME OF PHYSICIAN

SIGNATURE OF PHYSICIAN

DATE

PLACE

STATE

COUNTY

TOWNSHIP

NAME OF DECEASED

AGE

SEX

RACE

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

TIME OF DEATH

CAUSE OF DEATH

MANNER OF DEATH

PLACE OF DEATH

NAME OF PHYSICIAN

SIGNATURE OF PHYSICIAN

DATE

PLACE

STATE

COUNTY

TOWNSHIP

NAME OF DECEASED

AGE

SEX

RACE

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

TIME OF DEATH

CAUSE OF DEATH

MANNER OF DEATH

PLACE OF DEATH

NAME OF PHYSICIAN

SIGNATURE OF PHYSICIAN

DATE

PLACE

STATE

COUNTY

TOWNSHIP

NAME OF DECEASED

AGE

SEX

RACE

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

TIME OF DEATH

CAUSE OF DEATH

MANNER OF DEATH

PLACE OF DEATH

NAME OF PHYSICIAN

SIGNATURE OF PHYSICIAN

DATE

PLACE

STATE

COUNTY

TOWNSHIP

NAME OF DECEASED

AGE

SEX

RACE

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

TIME OF DEATH

CAUSE OF DEATH

MANNER OF DEATH

PLACE OF DEATH

NAME OF PHYSICIAN

SIGNATURE OF PHYSICIAN

DATE

PLACE

STATE

COUNTY

TOWNSHIP

NAME OF DECEASED

AGE

SEX

RACE

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

TIME OF DEATH

CAUSE OF DEATH

MANNER OF DEATH

PLACE OF DEATH

NAME OF PHYSICIAN

SIGNATURE OF PHYSICIAN

DATE

PLACE

STATE

COUNTY

TOWNSHIP

CERTIFICATE CORRECTED 12-20-51
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **51 10890**

516
1 10890
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Maxid D'Onofrio			2. DATE OF DEATH 12-15-51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 11-02		
B. FULL NAME OF (If not in hospital or institution, give street address or location) City Morgue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 823 N. Charles			E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH May 30, 1887	9. AGE (In years last birthday) 64	10. UNDER 1 Year Months: Days 11. UNDER 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Antique Dealer		10B. KIND OF BUSINESS OR INDUSTRY Owner Antique Bus	11. BIRTHPLACE (State or foreign country) Italy		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John D'Onofrio			14. MOTHER'S MAIDEN NAME Angela Luciano Lucianella		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) yes World War No. 1		16. SOCIAL SECURITY NO. none	17. INFORMANT ADDRESS Mr. John M. Donofrio-2295 Orchard Rd. Toledo, Ohio		

18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Occlusion (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Myocardial Infarct (B) DUE TO		
(C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an **Inspection** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William V. Lovett		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED 12-16-51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12/19/51	24C. NAME OF CEMETERY OR CREMATORY Baltimore National	24D. LOCATION (City, town, or county) (State) Balto., Md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 17 1951		REGISTRAR'S SIGNATURE William V. Lovett		

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2906U
94a Balto Md

MEDICAL CERTIFICATION

John F. Stimpert
Director

413
51 10891

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10891

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Goldic A. TALBOTT</i>		2. DATE OF DEATH <i>12.15.51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Baltimore</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Maryland General Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>27-18</i>			
Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>5133 Nelson Ave #15</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>W.</i>	8. DATE OF BIRTH <i>Oct 25, 1882</i>	9. AGE (In years last birthday) <i>69</i>	10 Under 1 Year Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none - HOME</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>AT HOME</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>		13. FATHER'S NAME <i>James Langguth Nixon</i>		14. MOTHER'S MAIDEN NAME <i>Bertha Langguth</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>MR. ELLIS R. TALBOTT 5133 NELSON AVE #15</i>	
18. <i>461X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) <i>Uremia - G.S.C.U.D.</i> DUE TO (B) <i>External thrombosed hemorrhoids 3 wks.</i> DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH <i>?</i>	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>11-27</i> , 1951, to <i>12.15</i> , 1951 that I last saw the deceased alive on <i>12.15</i> , 1951, and that death occurred at <i>9 A. m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>W. K. Brader</i>		M. D. <i>Maryland General Hospital</i>		23B. ADDRESS <i>12.15.51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>12/19/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>WOODLAWN CEM.</i>	
24D. LOCATION (City, town, or county) <i>WOODLAWN, MD.</i>		24E. DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 17 1951</i>		24F. REGISTRAR'S SIGNATURE <i>Wm. J. Johnson</i>	
24G. DATE RECEIVED BY LOCAL REGISTRAR		24H. REGISTRAR'S SIGNATURE		24I. FUNERAL DIRECTOR ADDRESS <i>Wm. J. Johnson & Son, Inc. Balto Md</i>	

1950 1

STANDARD & SPOON

1950 1

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 10892**

534
51 10892
BIRTH NO.

1. NAME OF DECEASED (Type or Print) NANCY LOVE HUNDLEY			2. DATE OF DEATH December 14, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Provident Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 1010 Mosher Street			E. LENGTH OF STAY IN BALTIMORE 50 yrs.		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Nov. 10, 1884	9. AGE (In years last birthday) 67	10. UNDER 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic			10B. KIND OF BUSINESS OR INDUSTRY Hospital		
11. BIRTHPLACE (State or foreign country) Baynton, Va			12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13. FATHER'S NAME Archer Love			14. MOTHER'S MAIDEN NAME Matilda Roper		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Anna B. Love			ADDRESS 910 S. 11th St. Phila. Pa.		

18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive cardiovascular disease DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) (Min.)	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE Stanley K. Hurlacher M.D.	23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED 12/14/51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Dec. 17, 1951	24C. NAME OF CEMETERY OR CREMATORY Wt. Auburn
24D. LOCATION (City, town, or county) (State) Baltimore, Md.	25. FUNERAL DIRECTOR W. L. Smith 1631 Smith Hill Ave	
DATE RECEIVED BY LOCAL REGISTRAR DEC 17 1951		
REGISTRAR'S SIGNATURE William Williams		

10-1-1945

RECEIVED BY THE DIRECTOR

CHIEF OF BUREAU

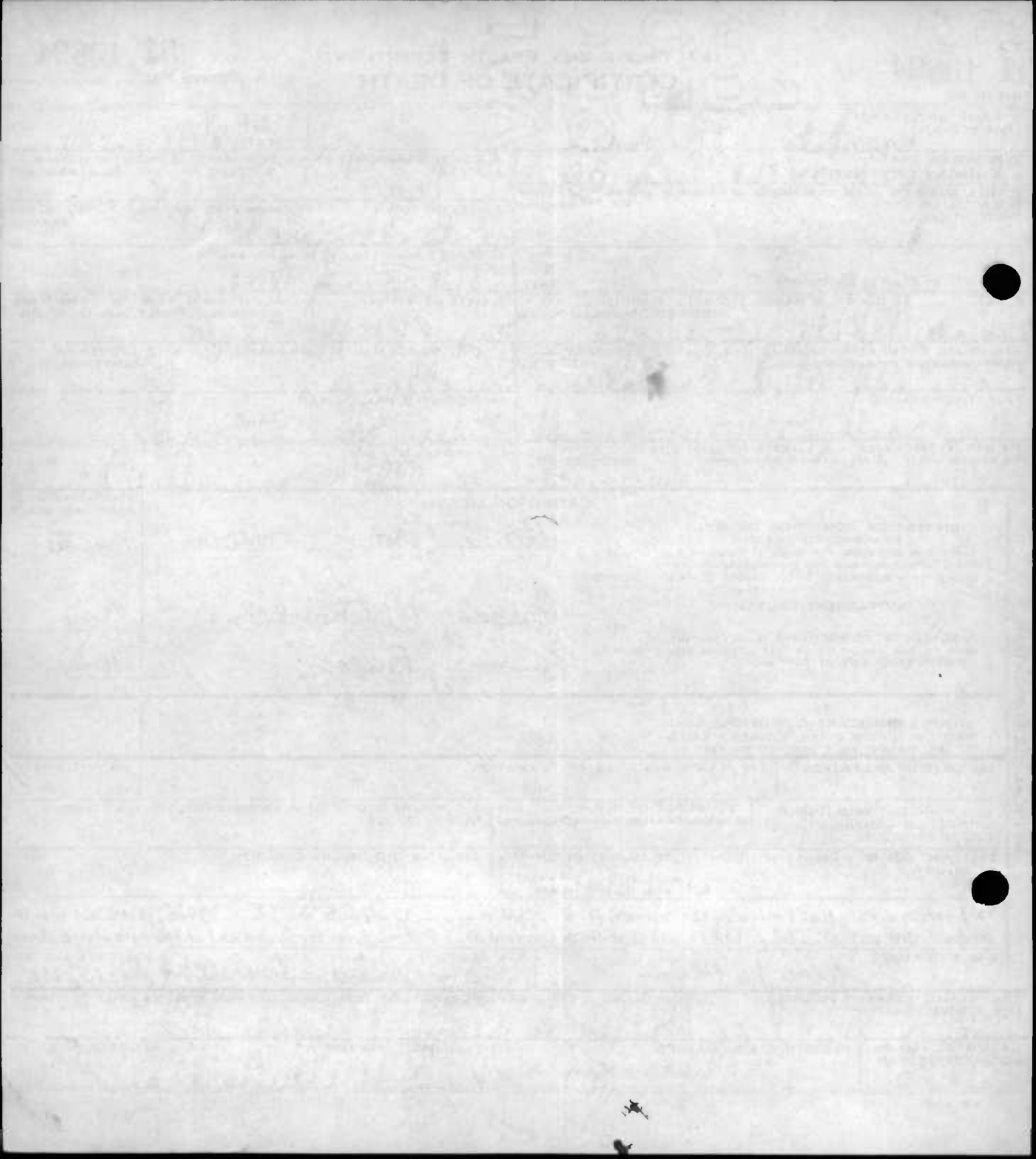
[Faint, mostly illegible text covering the body of the document, appearing to be a memorandum or report.]

560		BALTIMORE CITY HEALTH DEPARTMENT		3 Registered No 51 10893	
1 10893		CERTIFICATE OF DEATH			
1. NAME OF DECEASED (Type or Print) Theodore Emory (EMORY)		2. DATE OF DEATH 12-15-51			
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1713 N. APPLETON ST.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-02			
Length of stay in Baltimore 39 yrs.		D. STREET ADDRESS (If rural, give location) 1713 N. Appleton St.			
6. COLOR OR RACE M C		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH APRIL 15 1912	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10B. KIND OF BUSINESS OR INDUSTRY RUG CLEANER		9. AGE (In years last birthday) 39	
13. FATHER'S NAME JEBEDEE EMORY		11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 212-03-9111		17. INFORMANT MARGARET JEFFERSON N. APPLETON ST.	
18. 002X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) For Advanced Pulmonary Tuberculosis (B) Emaciation (C)		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE William V. Pratt		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED 12-16-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE DEC. 18, 1951		24C. NAME OF CEMETERY OR CREMATORY MT. AUBURN	
24D. LOCATION (City, town, or county) (State) BALTO. Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR DEC 17 1951		24F. REGISTRAR'S SIGNATURE L. H. Williams, Jr.	
24G. FUNERAL DIRECTOR Holland Funeral Home		24H. ADDRESS 1631 Spruce Hill Ave.			
VS 151					

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615
51 10894BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10894
Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <i>Anastasia Provanca</i>			2. DATE OF DEATH <i>Dec. 15 - 51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>868 Park Ave</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>11-03</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION			D. STREET ADDRESS (If rural, give location) <i>868 Park Ave</i>			5. SEX <i>Female</i>		
6. COLOR OR RACE <i>White</i>			7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>			8. DATE OF BIRTH <i>Aug. 8 - 1896</i>		
9. AGE (in years last birthday) <i>75 yrs</i>			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Saleslady - Retail - Rittberg</i>			11. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>		
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME <i>Exp. J. Provanca</i>			14. MOTHER'S MAIDEN NAME <i>Ellen Jane Flood</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO. <i>214-14-4209</i>			17. INFORMANT <i>Joe B. Provanca - Husband</i>		
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) DUE TO CAUSE OF DEATH <i>Acute Coronary Occlusion</i> DUE TO GENERALIZED ARTERIOSCLEROSIS <i>Generalized Arteriosclerosis</i> DUE TO PULMONARY FIBROSIS <i>Pulmonary Fibrosis</i>			INTERVAL BETWEEN ONSET AND DEATH <i>Minutes</i> <i>Years</i> <i>Years</i>			II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION <i>0</i>			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>June</i> , 19 <i>50</i> to <i>Dec 15</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>Dec 10</i> , 19 <i>51</i> , and that death occurred at <i>9:00 P.m.</i> , from the causes and on the date stated above.								
23A. SIGNATURE <i>James J. Noen</i>			23B. ADDRESS <i>5804 Edmondson Ave Balto Md</i>			23C. DATE SIGNED <i>Dec 15, 1951</i>		
24A. BURIAL, CREMATION, REMOVAL (Specify)			24B. DATE <i>12-18-51</i>			24C. NAME OF CEMETERY OR CREMATORY <i>Cathedral Cem.</i>		
24D. LOCATION (City, town or county) (State) <i>Balto. Md</i>			25. FUNERAL DIRECTOR <i>John P. Melly Inc.</i>			ADDRESS <i>2435 E. Oliver</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 17 1951</i>			REGISTRAR'S SIGNATURE <i>Huntington Williams, Md</i>					



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 10895**

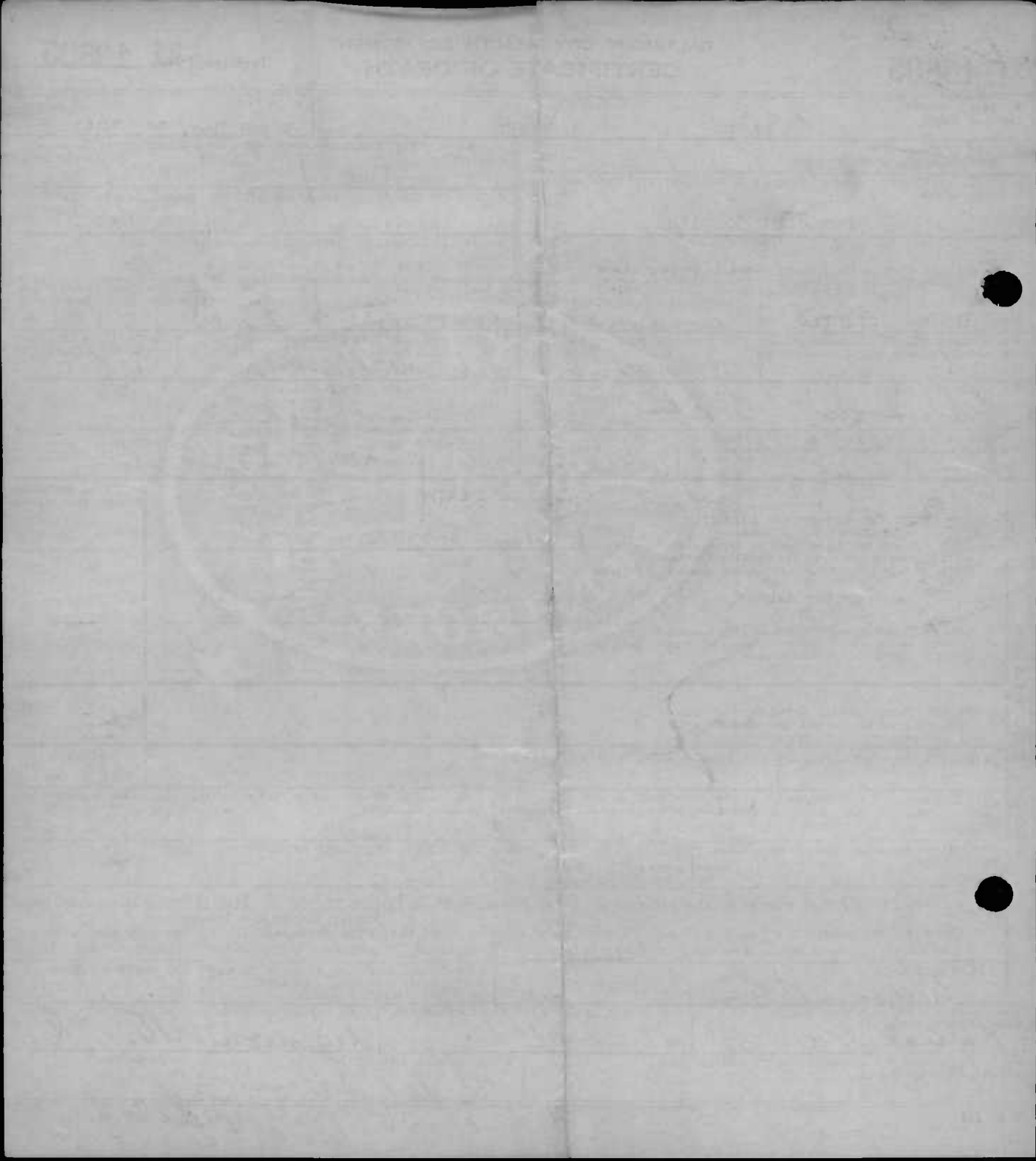
250
51 10895
BIRTH NO.

1. NAME OF DECEASED (Type or Print) ELSTE JACKSON		2. DATE OF DEATH Dec. 15, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 14-03	
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
5. Length of stay in Baltimore unknown		D. STREET ADDRESS (If rural, give location) 1824 Division Street	
6. COLOR OR RACE female	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Oct 26, 1876	9. AGE (In years last birthday) 75
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY maid	11. BIRTHPLACE (State or foreign country) Unionville MD	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Edwards		14. MOTHER'S MAIDEN NAME Maria Rickles	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	16. SOCIAL SECURITY NO. unknown	17. INFORMANT ADDRESS Maria Rick 1824 Division Street	

18. 156.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Carcinoma of liver DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE William Wood		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Dec. 15, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Dec 18 51	24C. NAME OF CEMETERY OR CREMATORY Stearns A.M.E.	24D. LOCATION (City, town, or county) (State) Unionville, MD		
DATE RECEIVED BY LOCAL REGISTRAR DEC 17 1951		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS Charles Blouder 1200 M^c Culloch 46F	



254
51 10896

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10896

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
SARAH ELMA MACNEAL		Dec. 15, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE MD B. COUNTY BALTO.	
B. FULL NAME OF HOSPITAL OR INSTITUTION 242 S. EAST AVE		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO. 26-10	
Length of stay in Baltimore LIFE		D. STREET ADDRESS (If rural, give location) 242 S. EAST AVE.	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 9/6/83
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Thomas Linthicum		14. MOTHER'S MAIDEN NAME Amelia Taylor	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. -----	
17. INFORMANT William Macneal		ADDRESS 242 S. East Ave.	

MEDICAL CERTIFICATION

18. 260X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) CORONARY THROMBOSIS.		2 HRS.	
(B) DUE TO		(B) ARTERIOSCLEROTIC C. V. DISEASE		11 YRS.	
(C) DUE TO		(C) DIABETES MELLITUS		11 YRS.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION Stanley H. Dunsen M.D.		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from DEC. 15, 1951, to DEC. 15, 1951, that I last saw the deceased alive on DEC. 15, 1951, and that death occurred at 8:50 P.M., from the causes and on the date stated above.

23A. SIGNATURE Henry J. Housha		23B. ADDRESS 333 S. EAST AVE		23C. DATE SIGNED 12/15/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/19/51		24C. NAME OF CEMETERY OR CREMATORY Moreland Memorial Cem	
24D. LOCATION (City, town, or county) Balto. Md.		25. FUNERAL DIRECTOR John A. Moran 3000 E. Balto. St.			

Per N8 Lewis

STATE OF NEW YORK
CERTIFICATE OF DEATH

FILE NO. 100-100000



500

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10897

BIRTH NO. 51 10897

1. NAME OF DECEASED (Type or Print) Huhn, Andrew			2. DATE OF DEATH 12/15/51		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Maryland b. COUNTY		
b. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
Length of stay in Baltimore Life			d. STREET ADDRESS (If rural, give location) 702 Earlington Ave		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 20, 1892	9. AGE (in years last birthday) 58	10. Under 1 Year Months: Days: Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-Operator		10b. KIND OF BUSINESS OR INDUSTRY Balto. Transit	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Andrew Huhn			14. MOTHER'S MAIDEN NAME Virginia Edgerton		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) yes W W I		16. SOCIAL SECURITY NO. -----	17. INFORMANT ADDRESS Ruth O. Huhn 702 E. Arlington Ave.		

MEDICAL CERTIFICATION

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Myocardial Infarction DUE TO			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Coronary Arteriosclerosis DUE TO					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C)					
19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 12-14, 1951 , to 12-15, 1951 , that I last saw the deceased alive on 12-15, 1951 , and that death occurred at 9:30 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE [Signature]		23b. ADDRESS St. Joseph's Hosp		23c. DATE SIGNED 12-15-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/19/51	24c. NAME OF CEMETERY OR CREMATORY Balto. Nat'l. Cem.	24d. LOCATION (City, town, or county) Baltimore	(State) Md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 17 1951		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR ADDRESS John A. Moran 3000 E. Balto. St.	

500
51 10898BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10898

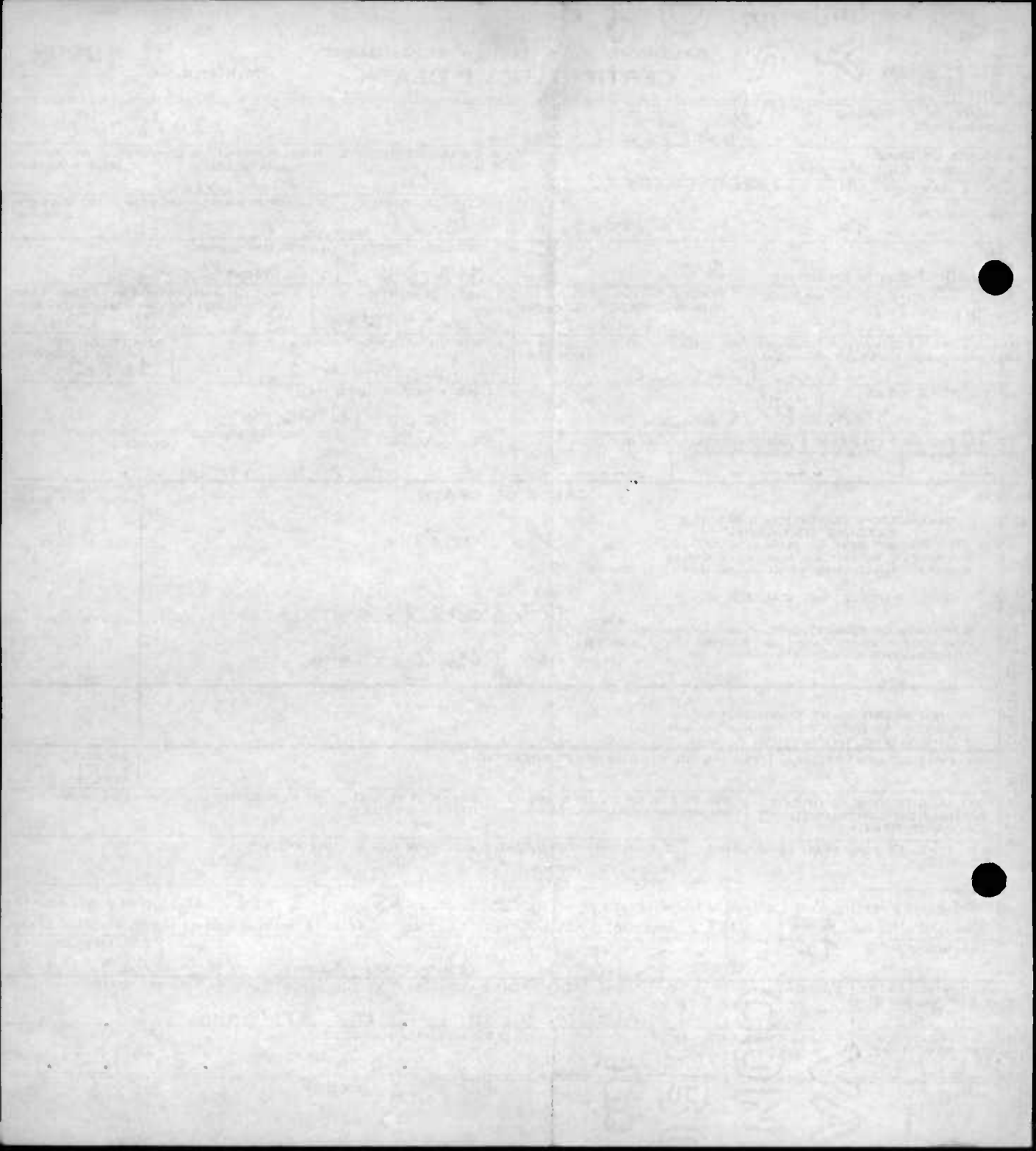
1. NAME OF DECEASED (Type or Print) Mr. Walter Kane		2. DATE OF DEATH 12-15-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Baltimore	
5. FULL NAME OF HOSPITAL OR INSTITUTION Church Home & Hosp.		C. CITY OR TOWN Baltimore	
D. STREET ADDRESS (If rural, give location) 3204 McShane Way 5310		E. LENGTH OF STAY IN BALTIMORE 20 Days	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 29, 1898
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager		10B. KIND OF BUSINESS OR INDUSTRY Concerts	9. AGE (in years last birthday) 53
11. BIRTHPLACE (State or foreign country) Delaware		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Mr. Frank Kane		14. MOTHER'S MAIDEN NAME Mary Wheelan	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -----		16. SOCIAL SECURITY NO. -----	
17. INFORMANT Julia Kane		ADDRESS 3204 McShane Way	
18. CAUSE OF DEATH I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Uremia DUE TO II DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Nephrosclerosis Hypertension III OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH 10 days ? years
19A. DATE OF OPERATION 12-15-51		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12-1-51, 1951, to 12-15-51, 1951, that I last saw the deceased alive on 9-15-51, 1951, and that death occurred at 9:15 a.m., from the causes and on the date stated above.			
23A. SIGNATURE R.E. Fullinwider		23B. ADDRESS Church Home Hosp.	
23C. DATE SIGNED 12-15-51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/18/51	
24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.		24D. LOCATION (City, town, or county) Baltimore Md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 17 1951		REGISTRAR'S SIGNATURE [Signature]	
25. FUNERAL DIRECTOR John A. Moran		ADDRESS 3000 E. Balto. St.	

VS 150

29024

Per N. Lewis

131a



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 10899**

520
1 **10899**

1. NAME OF DECEASED (Type or Print) NORMAN SPENCER KING			2. DATE OF DEATH 12-15-51		
3. PLACE OF DEATH: A. Baltimore City, Maryland Celestine-33 St			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY BALTO CITY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial (S.O.B.)			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 27-10		
D. STREET ADDRESS (If rural, give location) 503 RADNOR AVE.					
5. SEX M			6. COLOR OR RACE W		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED			8. DATE OF BIRTH 6-13-1884		
9. AGE (In years last birthday) 67			10. CITIZEN OF WHAT COUNTRY? USA		
10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Retired			10B. KIND OF BUSINESS OR INDUSTRY Paper Fitting		
11. BIRTHPLACE (State or foreign country) Laurel MD			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Everester King			14. MOTHER'S MAIDEN NAME Susan		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO			16. SOCIAL SECURITY NO. 0-17-01-3999		
17. INFORMANT Wife (Rm. 4.)			ADDRESS 503 Radnor Ave #12		

18. 470.01 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (A) ASHD		
DUE TO (B) ASHD		
DUE TO (C) ASHD		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) ASHD		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) 11:00 AM		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec. 15 , 19 51 , to Dec. 15 , 19 51 that I last saw the deceased alive on Dec. 15 , 19 51 and that death occurred at 11:00 AM , from the causes and on the date stated above.					
23A. SIGNATURE William G. Anderson		23B. ADDRESS Union Memorial Hosp.		23C. DATE SIGNED 12-15-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec 19 51		24C. NAME OF CEMETERY OR CREMATORY St. Paul	
24D. LOCATION (City, town, or county) (State) BALTIMORE		24E. FUNERAL DIRECTOR Stewart Morris		24F. ADDRESS BALTO	
DATE RECEIVED BY LOCAL REGISTRAR DEC 17 1951		REGISTRAR'S SIGNATURE William G. Anderson		25. FUNERAL DIRECTOR Stewart Morris	

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MEDICAL CERTIFICATION

NOT A MEDICAL EXAMINER'S CASE

Stanley H. Dunsen

M.D.

NOT A MEDICAL EXAMINER'S CASE

submit
Ch

M.D.

NOT A MEDICAL EXAMINER'S CASE

M.D.

CHIEF OF ASST. MEDICAL EXAMINER

562
51 10900

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

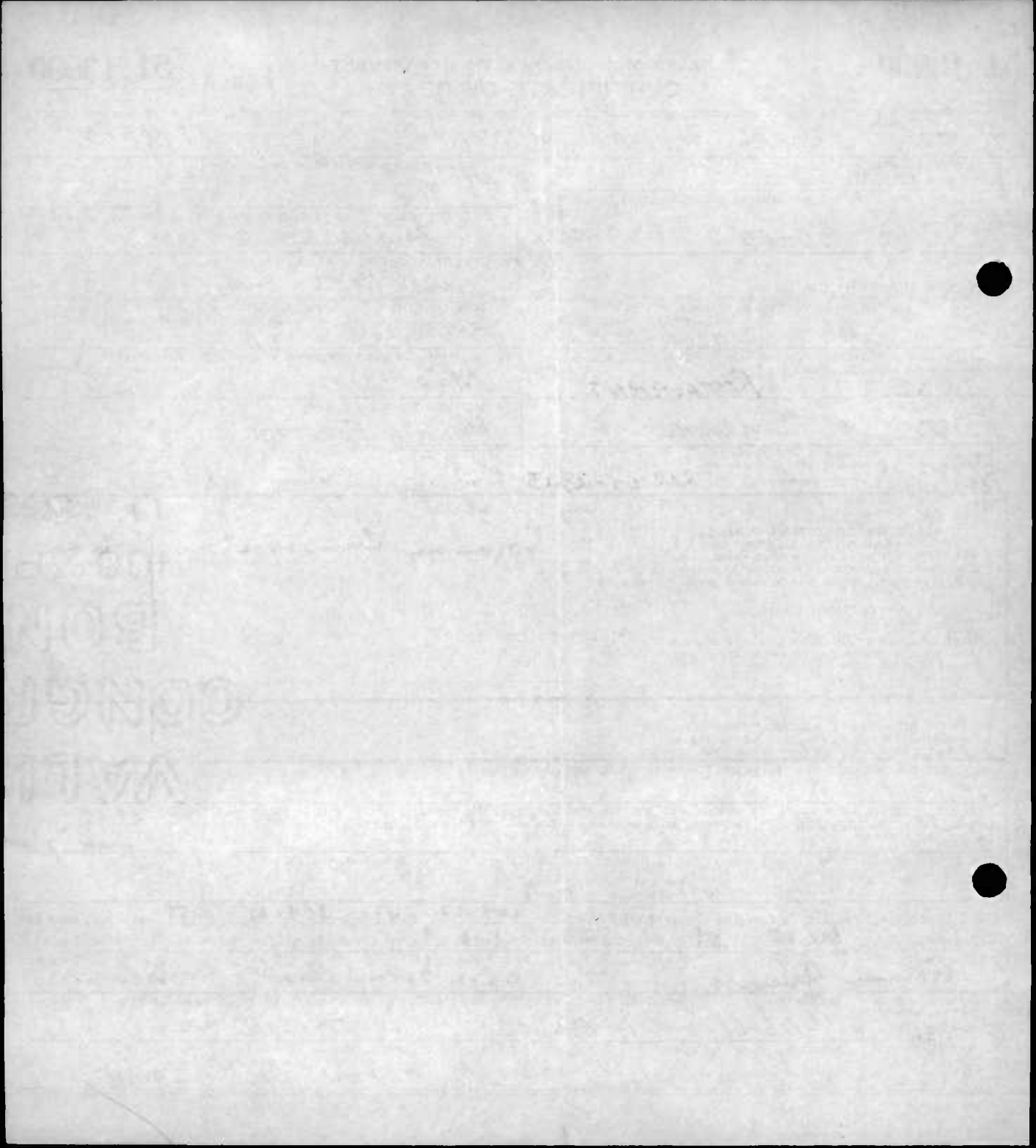
Registered No. 51 10900

BIRTH NO.

1. NAME OF DECEASED (Type or Print) HARRY FOSTER EMRICH		2. DATE OF DEATH 12-15-51	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY	
b. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOSEPH'S HOSPITAL		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
c. Length of stay in Baltimore Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) 6218 BROOK AVE	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT. 6, 1904
9. AGE (In years last birthday) 47		10. BIRTHPLACE (State or foreign country) MARYLAND	
11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME FREDERICK C. EMRICH		14. MOTHER'S MAIDEN NAME MINNA FORESTER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 212-05-2823	
17. INFORMANT MRS GLADYS EMRICH		ADDRESS 6218 BROOK AVE	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH 6 hr.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO	
		(B) DUE TO	
		(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION Dec 15, 1951		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov. 12, 1948 to Dec. 15, 1951 that I last saw the deceased alive on Dec. 15, 1951 and that death occurred at 6 A. M. , from the causes and on the date stated above.					
23A. SIGNATURE Adam J. Lewis		23B. ADDRESS 6232 Belair Road		23C. DATE SIGNED Dec. 16, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 12/18/51		24C. NAME OF CEMETERY OR CREMATORY PARKWOOD	
24D. LOCATION (City, town, or county) (State) TAYLOR AVE					
DATE RECEIVED BY LOCAL REGISTRAR DEC 17 1951		REGISTRAR'S SIGNATURE William H. Williams		25. FUNERAL DIRECTOR JOHN F. DENNY, INC	
				ADDRESS 715 LIGHT ST	



125a

See Document File 51-10901
1/16/52 ES

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10902

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10902
Registered No.

1. NAME OF DECEASED (Type or Print) Sallie E. Hyatt		2. DATE OF DEATH Dec. 15/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2601 Roslyn Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
6. LENGTH OF STAY IN BALTIMORE 15 yrs		D. STREET ADDRESS (If rural, give location) 4010 Belview Ave.	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Feb. 27, 1878
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H.W.		10B. KIND OF BUSINESS OR INDUSTRY Own Home	9. AGE (in years last birthday) 73
11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME William Widerman		14. MOTHER'S MAIDEN NAME Annie-----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT J. Clyde Hyatt, 711 Edgewood St.		ADDRESS	
18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebro-Vascular Accident DUE TO Anteriosclerosis & Hypertension DUE TO Anteriosclerosis & Hypertension DUE TO Anteriosclerosis & Hypertension		INTERVAL BETWEEN ONSET AND DEATH 1 week	
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION Dec 10, 1951		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec 10, 1951 , to Dec 15, 1951 , that I last saw the deceased alive on Dec 15, 1951 , and that death occurred at 2 P. m. , from the causes and on the date stated above.			
23A. SIGNATURE L. Chas. Tuller		23B. ADDRESS Red. St. to Bedy - Balto.	
23C. DATE SIGNED 12/17/51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec. 18/51	
24C. NAME OF CEMETERY OR CREMATORY Western, Edmondson Ave. & Longwood St. Balto. Md.		24D. LOCATION (City, town, or county) (State) Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 17 1951		REGISTRAR'S SIGNATURE Harry H. Lutz	
FUNERAL DIRECTOR Edmondson Ave.		ADDRESS	

VS 150

83a

MEDICAL CERTIFICATION

STATE OF TEXAS

CERTIFICATE OF DEATH

IN THE COUNTY OF DALLAS

DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

MARRIAGE

CHILDREN

GRANDCHILDREN

ESTATE

DECEASED'S SIGNATURE

WITNESSES

DECEASED'S ADDRESS

DECEASED'S PHONE

DECEASED'S SOCIAL SECURITY

DECEASED'S MARITAL STATUS

DECEASED'S RELIGIOUS BELIEFS

DECEASED'S POLITICAL AFFILIATION

DECEASED'S EMPLOYMENT HISTORY

DECEASED'S EDUCATIONAL HISTORY

DECEASED'S MILITARY SERVICE

DECEASED'S CRIMINAL RECORD

DECEASED'S FINANCIAL RECORD

DECEASED'S HEALTH RECORD

DECEASED'S MENTAL RECORD

DECEASED'S PERSONAL RECORD

DECEASED'S SOCIAL RECORD

DECEASED'S CULTURAL RECORD

DECEASED'S ARTISTIC RECORD

DECEASED'S SCIENTIFIC RECORD

DECEASED'S LITERARY RECORD

DECEASED'S HISTORICAL RECORD

DECEASED'S LEGAL RECORD

DECEASED'S MEDICAL RECORD

DECEASED'S DENTAL RECORD

DECEASED'S OPTICAL RECORD

DECEASED'S AUDIOVISUAL RECORD

DECEASED'S RECORDS

DECEASED'S RECORDS

DECEASED'S RECORDS

DECEASED'S RECORDS

460

1 10903

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10903

1. NAME OF DECEASED (Type or Print) Mary Loretta Wheeler		2. DATE OF DEATH 12/15/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Md.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 11-02	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1202 St. Paul St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore 50 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1202 St. Paul Street	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Mar. 9, 1865
10A. USUAL OCCUPATION (Give kind of work done during most of work/life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 86
13. FATHER'S NAME Leonard Wheeler		11. BIRTHPLACE (State or foreign country) Harford Co., Md.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Ann Johnson	
17. INFORMANT		ADDRESS Miss Pauline E. Wheeler 1202 St. Paul St.	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) DUE TO (A) Cardiovascular disease Coronary Thrombosis ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH 1 yr 2 months
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov 15, 1957, to Dec 15, 1957, that I last saw the deceased alive on Dec 15, 1957, and that death occurred at 4 p. m., from the causes and on the date stated above.			
23A. SIGNATURE Dr. E. W. Mason		23B. ADDRESS 1202 St. Paul St.	23C. DATE SIGNED Dec 17/51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12/19/51	24C. NAME OF CEMETERY OR CREMATORY New Cathedral	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR DEC 17 1951	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
	26. W. Meary	27. 805 N. Calver St.	

316
51 10904
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10904
Registered No.

1. NAME OF DECEASED (Type or Print) ANNA LEE BEDFORD		2. DATE OF DEATH Dec. 15, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Anne Arundel	
B. FULL NAME OF HOSPITAL OR INSTITUTION South Baltimore General Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pasadena	
C. Length of stay in Baltimore D.O.A.		D. STREET ADDRESS (If rural, give location) Mill Road	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June 3, 1935
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10B. KIND OF BUSINESS OR INDUSTRY Glen Burnie High School	9. AGE (In years last birthday) 16 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Clarence Bedford		14. MOTHER'S MAIDEN NAME Ila Ruth Church	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Mrs. Ila R. Bedford		ADDRESS Pasadena, Md.	

18. E 891.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Carbon monoxide poisoning DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIB-UTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) rear of home	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Mill Road - Pasadena, Maryland 5200
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Dec. 15, 1951 2:00 A.	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Intoxication by in- halation of carbon monoxide-defective auto
I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		
23A. SIGNATURE William V. Singleton	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED Dec. 15, 1951

24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial	24B. DATE Dec. 18, 1951	24C. NAME OF CEMETERY OR CREMATORY Glen Haven	24D. LOCATION (City, town, or county) (State) Glen Burnie, Md.
DATE RECEIVED BY LOCAL REGISTRAR DEC 17 1951	REGISTRAR'S SIGNATURE William V. Singleton	25. FUNERAL DIRECTOR R. V. Singleton	
		ADDRESS Glen Burnie, Md.	

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325
5110905BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10905

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Watson, Hazel		2. DATE OF DEATH 12/11/57	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto.		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital		C. CITY OR TOWN Balto. If outside corporate limits, write RURAL and give township) 14-03			
Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 542 Roberts St.			
5. SEX Fe	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH Fe. 1902	9. AGE (In years last birthday) 49	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H. W. wife		10B. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) Breezeway Owings Mill Md.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME Mary Smith		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT Bernard Allsag St. Thos. Lane	
18. 331X I		CAUSE OF DEATH Cerebral Hemorrhage			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) DUE TO			
ANTECEDENT CAUSES		(B) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12/10 , 1957, to 12/11 , 1957, that I last saw the deceased alive on 12/11 , 1957, and that death occurred at 915 P. m. , from the causes and on the date stated above.					
23A. SIGNATURE G. Lionides		23B. ADDRESS Provident Hospital		23C. DATE SIGNED 12/12/57	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/15/57		24C. NAME OF CEMETERY OR CREMATORY Mt Auburn	
24D. LOCATION (City, town, or county) Balto.		24E. LOCATION (State) Md.		25. FUNERAL DIRECTOR Les. H. Kelson	
DATE RECEIVED BY LOCAL REGISTRAR DEC 27 1957		REGISTRAR'S SIGNATURE W. H. Williams, Jr.		ADDRESS 1303 83a Presman St	

VS 150

DEC 17 1957

MEDICAL CERTIFICATION

1000000

1000000

1000000

1000000

1000000

1000000



512
51 10906
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10906

1. NAME OF DECEASED (Type or Print) <i>William Sempeck</i>		2. DATE OF DEATH <i>12/14/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1407 Andre St.</i>		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE _____ B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>1407 Andre St.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>Baltimore Md.</i>	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>1407 Andre St.</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Oct 18 1896</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Police man</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>55</i> If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
11. BIRTHPLACE (State or foreign country) <i>Omaha Neb.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Joseph F. Sempeck</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>yes World War I</i>		16. SOCIAL SECURITY NO. <i>220-30-3849</i>	17. INFORMANT ADDRESS <i>Lease Sempecki 1407 Andre St.</i>
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronary Thrombosis</i> DUE TO ANTECEDENT CAUSES <i>Coronary sclerosis</i> DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>11/6</i> , 19 <i>51</i> , to <i>12/14</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>12/7</i> , 19 <i>51</i> , and that death occurred at <i>6:30 p.m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Charles J. Blazko</i>		23B. ADDRESS <i>101 E. Biddle St.</i>	23C. DATE SIGNED <i>12/17/51</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>12/18/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Valley Cross Cemetery Brooklyn</i>	24D. LOCATION (City, town, or county) (State) <i>Brooklyn N.Y.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 17 1951</i>		REGISTRAR'S SIGNATURE <i>Wm. J. Williams</i>	25. GENERAL DIRECTOR ADDRESS <i>Wm. J. Hill 1521 E. Fort Ave.</i>

12/14/31

St. Louis, Mo.
12/14/31

Dear Mr. [illegible]
1407 [illegible]

1407 [illegible]

Oct 18, 1931

1407 [illegible]

1407 [illegible]

1407 [illegible]

1407 [illegible]

1407 [illegible]

1407 [illegible]

VALLEY

1407 [illegible]

1407 [illegible]

350

1279 Williams 1260.90

51 10907

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 10907

Registered No.

1. NAME OF DECEASED
(Type or Print)

Theresa Stoney

2. DATE OF DEATH

Dec. 14/61

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

25 Bristol Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Oct. 15, 1901

9. AGE (In years last birthday)

60

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Czechoslovakia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Joseph Kulla

14. MOTHER'S MAIDEN NAME

Not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

421.4

CAUSE OF DEATH

Chronic Endocarditis

19. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 2, 1950, to Dec 14, 1961, that I last saw the deceased alive on Dec 14, 1961, and that death occurred at 10 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

DEC 17 1961

REGISTRAR'S SIGNATURE

Funeral Home, Inc.

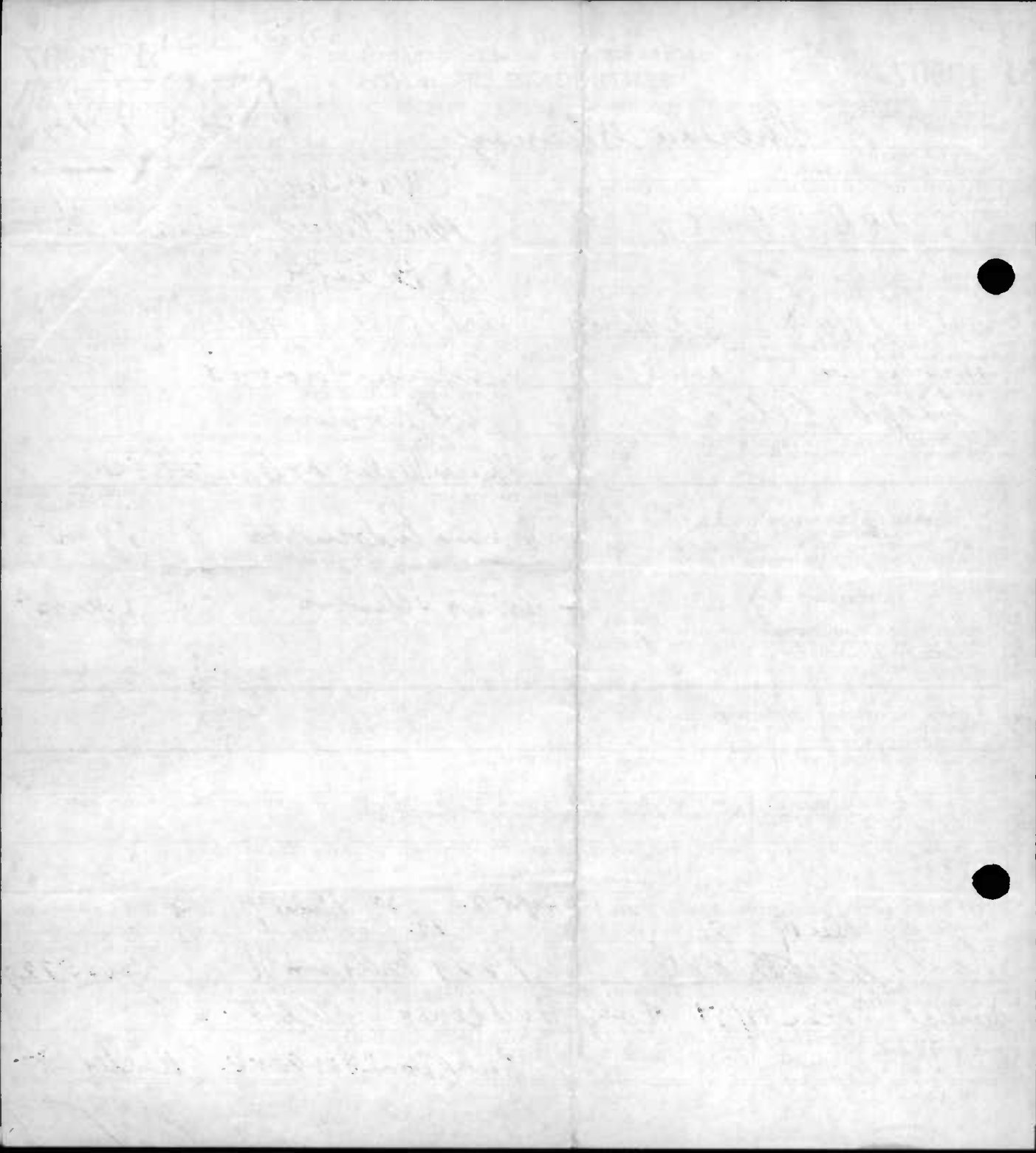
25. FUNERAL DIRECTOR

Thos. Boachman 9004 Chester St

VS 150

927

MEDICAL CERTIFICATION

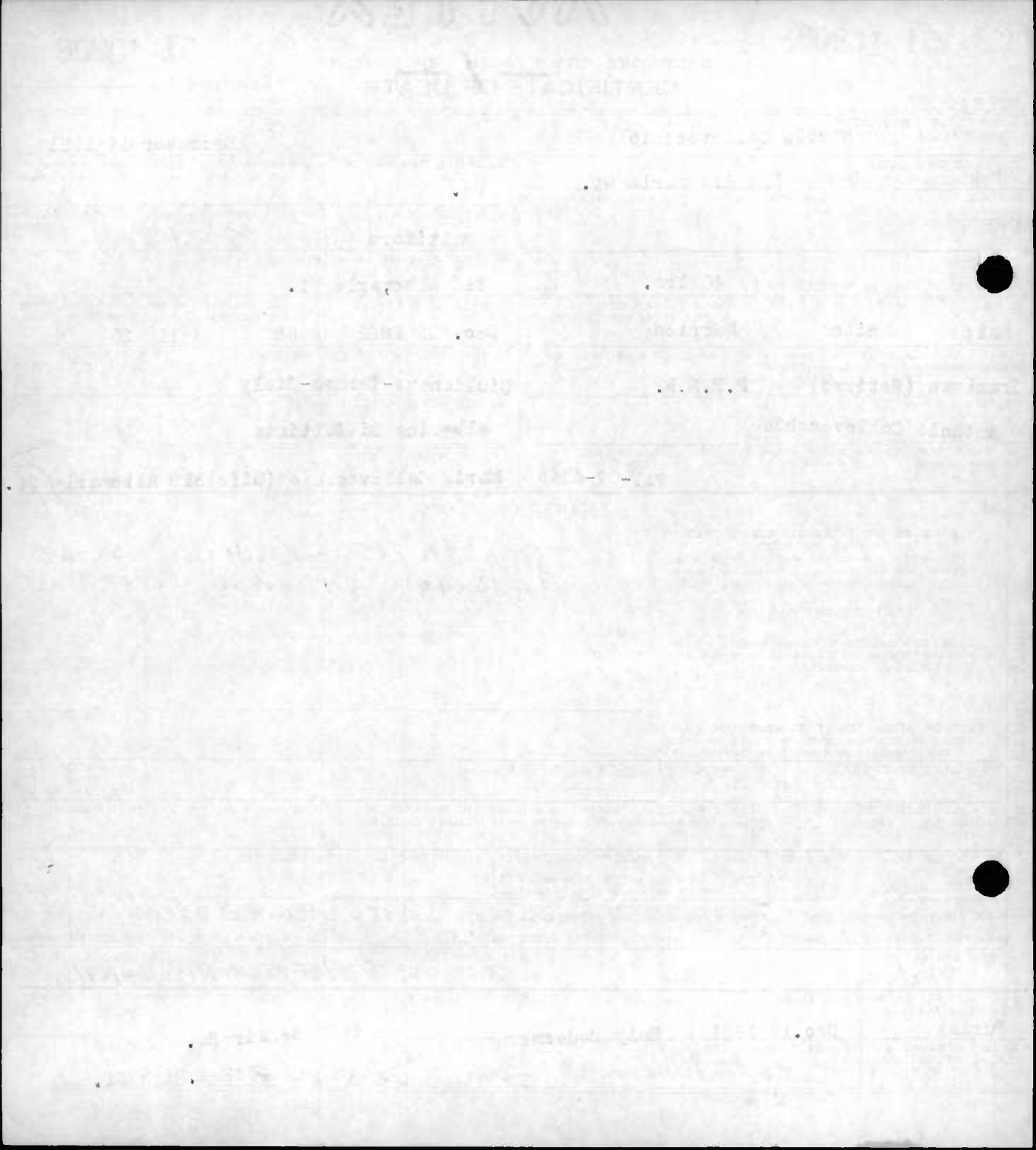


12
51 10908BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10908

Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) Nicola Collevocchio			2. DATE OF DEATH December 14 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland 318 Albemarle St.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION			D. STREET ADDRESS (If rural, give location) 318 Albemarle St.			E. AGE (In years last birthday) 68		
C. Length of stay in Baltimore 40 Yrs.			F. DATE OF BIRTH Dec. 25 1882			G. Under 1 Year Months: 11 Days: 20		
5. SEX Male			6. COLOR OR RACE White			H. Under 24 Hours Hours: 11 Min.		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married			I. BIRTHPLACE (State or foreign country) Giulianova-Teramo-Italy			J. CITIZEN OF WHAT COUNTRY?		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trackman (Retired)			10B. KIND OF BUSINESS OR INDUSTRY P.P.R.R.			K. MOTHER'S MAIDEN NAME Alberica Di Battista		
13. FATHER'S NAME Antonio Collevocchio			16. SOCIAL SECURITY NO. 717-07-6346			17. INFORMANT ADDRESS Maria Collevocchio (Wife) 318 Albemarle St.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 443X1 Hypertensive Cardiovascular Disease DUE TO INTERVAL BETWEEN ONSET AND DEATH 3 years at least					
11. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			(B) DUE TO					
(C) DUE TO								
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from December 31, 1948 , to December 4, 1951 , that I last saw the deceased alive on October 25, 1951 , and that death occurred at 10 P. M. , from the causes and on the date stated above.								
23A. SIGNATURE Melvin N. Borden			23B. ADDRESS 5200 OLD FREDERICK RD			23C. DATE SIGNED 12/17/51		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE Dec. 18 1951			24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer		
24D. LOCATION (City, town, or county) (State) 4430 Belair Rd.			24E. FUNERAL DIRECTOR Frank D. Bell			24F. ADDRESS 322 S. High St.		



51 10909

51 10909

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sue Foard

2. DATE
OF
DEATH

Dec. 14, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balt. 24-03

D. STREET ADDRESS (If rural, give location)

1132 BALLEW AVE.

5. Length of stay in Baltimore

Yrs.
Mos.
Days

6. COLOR OR RACE

Female White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S.

8. DATE OF BIRTH

1-29-1877

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

NONE.

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

HENRY O.

14. MOTHER'S MAIDEN NAME

MARY F. MORRIS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Family - SAME

18. 420-1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary Disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

I certify that I took charge of the remains described above, held an Inspection thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....☐

23C. DATE SIGNED

ASSISTANT MEDICAL EXAMINER.....☐MEDICAL INVESTIGATOR.....☐

Dec. 17, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

12-18-51

Loudon Park

Balt.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 18 1951

J. William Williams, M.D.

James L. Deery

130 E. FORT AVE. 94a ✓

1752

[Faint, illegible handwriting]

[Faint, illegible handwriting]

[Faint, illegible handwriting]

400 51 10910

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

51 10910

BIRTH NO. _____

1. NAME OF DECEASED

(Type or Print)

LLOYD

GEORGE

DEAL

(DIEHL)

2. DATE
OF
DEATH

Dec. 15, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

South Baltimore General Hospital

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Glenhaven

D. STREET ADDRESS (If rural, give location)

6th St. & Catherine Avenue

8. DATE OF BIRTH

9/1/33

9. AGE (in years
last birthday)

18

10. Under 1 Year
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Tin Smith

10B. KIND OF BUSINESS OR
INDUSTRY

Md. D.D.

11. BIRTHPLACE (State or foreign country)

Pa.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Reuben P.

14. MOTHER'S MAIDEN NAME

Rena M. Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Family - Same

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

18. E 8910 I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Carbon monoxide poisoning

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

rear of friend's home

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

Mill Road - Pasadena, Maryland

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Dec. 15, 1951 - 2:00 A. m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒21F. HOW DID INJURY OCCUR? Intoxication by in-
halation of carbon monoxide-defective
auto22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☒M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Dec. 15, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

B

24B. DATE

12/19/51

24C. NAME OF CEMETERY OR CREMATORY

Glen Haven

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

DEC 18 1951

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

James L. McCully - 130 E. Fort Ave.

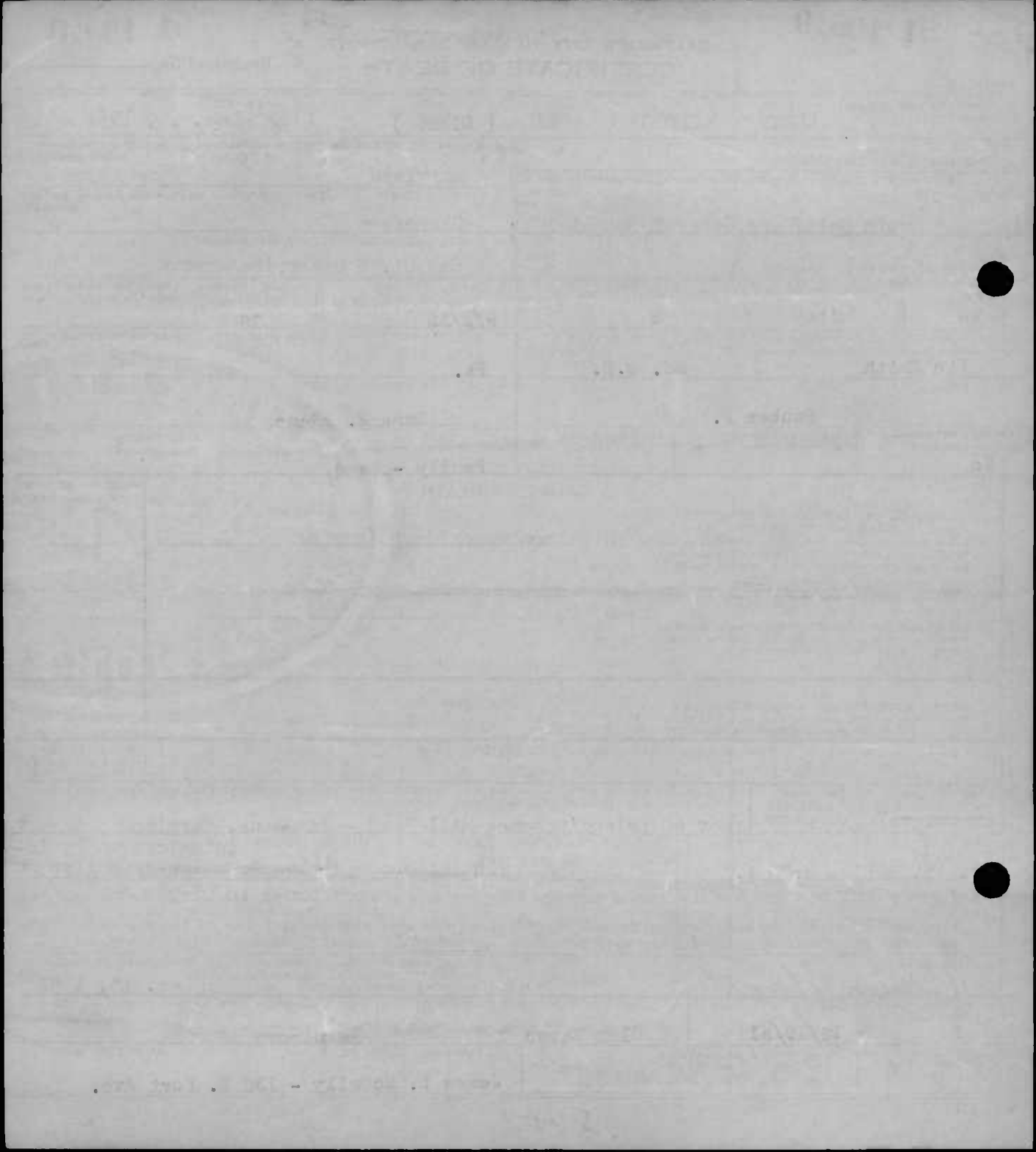
VS 151

N-968.0

59124

17813 ✓

MEDICAL CERTIFICATION



00 51 10911

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10911

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ellwood B. Noll

2. DATE
OF
DEATH

16 Dec '51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Mary Hop

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Md.

Howard

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Ellicott City

D. STREET ADDRESS (If rural, give location)

Bethany Road

6200

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

12 June 1897

9. AGE (In years
last birthday)

54

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Farmer

10B. KIND OF BUSINESS OR
INDUSTRY

Owner

11. BIRTHPLACE (State or foreign country)

Md. Ellicott City, Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Hart Noll

14. MOTHER'S MAIDEN NAME

Ella Bridner

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Dorothy H. Noll, Ellicott City, Md.

18.

161X 1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Sycerous cell carcinoma lymph

DUE TO

emoiaition

ANTECEDENT CAUSES

(B)

hanyged abstraction

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHOTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 16 Dec, 1951, to 16 Dec, 1951, that I last saw the
deceased alive on 16 Dec, 1951, and that death occurred at 7:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

L. Dale Tommon

M. D.

Mary Hop

16 Dec '51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12-19-1951

24C. NAME OF CEMETERY OR CREMATORY

St. Johns

24D. LOCATION (City, town, or county)

Ellicott City, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 18 1951

Huntington Williams, M.D.

F.C. Higinbotham, Ellicott City, Md.

VS 150

10010

47a

MEDICAL CERTIFICATION

— — —

51 10912

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10912

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George Thomas Mosby

2. DATE

OF

DEATH 12-16-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1330 Druid Hill Ave.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Male

Colored

Single

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

1286

65

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Pharmacist

Drug Store

11. BIRTHPLACE (State or foreign country)

Berkley County, W. Va.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Edward Mosby

14. MOTHER'S MAIDEN NAME

Elizabeth Lewis

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

?

17. INFORMANT

ADDRESS

Estelle Davis, Martinsburg, W. Va.

18. 331X I CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Hemorrhage

DUE TO

ANTECEDENT CAUSES

(B)

none known

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

12 hours

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from on 12/16, 1951, to _____, 19____, that I last saw the
deceased alive on 12/16, 1951, and that death occurred at 4:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

James D. Perry

M. D.

23B. ADDRESS

1427 Madison Ave

23C. DATE SIGNED

12-17-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

12-19-51

Darksville

Darksville, W. Va.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 18 1951

L. H. Williams, M.D.

F. C. Higinbotham, Ellicott City, Md.

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230 51 10913

51 10913

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EMANUEL JOHN WEST

2. DATE
OF
DEATH

Dec. 16, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Univ. Hosp.

Length of stay in Baltimore

Rte

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Md.

Baltimore

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore, 29 25-41

D. STREET ADDRESS (If rural, give location)

3737 Wilkens Ave

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

M

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Machinist

10B. KIND OF BUSINESS OR
INDUSTRY

Clothing Mfg.

13. FATHER'S NAME

John West

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

NONE

16. SOCIAL
SECURITY NO.

218-01-4788

17. INFORMANT

ADDRESS

Son, Wesley West, same as deceased.

18. 420.1 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

4 hrs.

3 days

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 14, 1951, to Dec 16, 1951, that I last saw the
deceased alive on Dec 16, 1951, and that death occurred at 4:22 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Robert A. Moore, Jr.

M. D.

23B. ADDRESS

University Hosp

23C. DATE SIGNED

Dec. 16, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 18 1951

Huntington Williams, M.D.

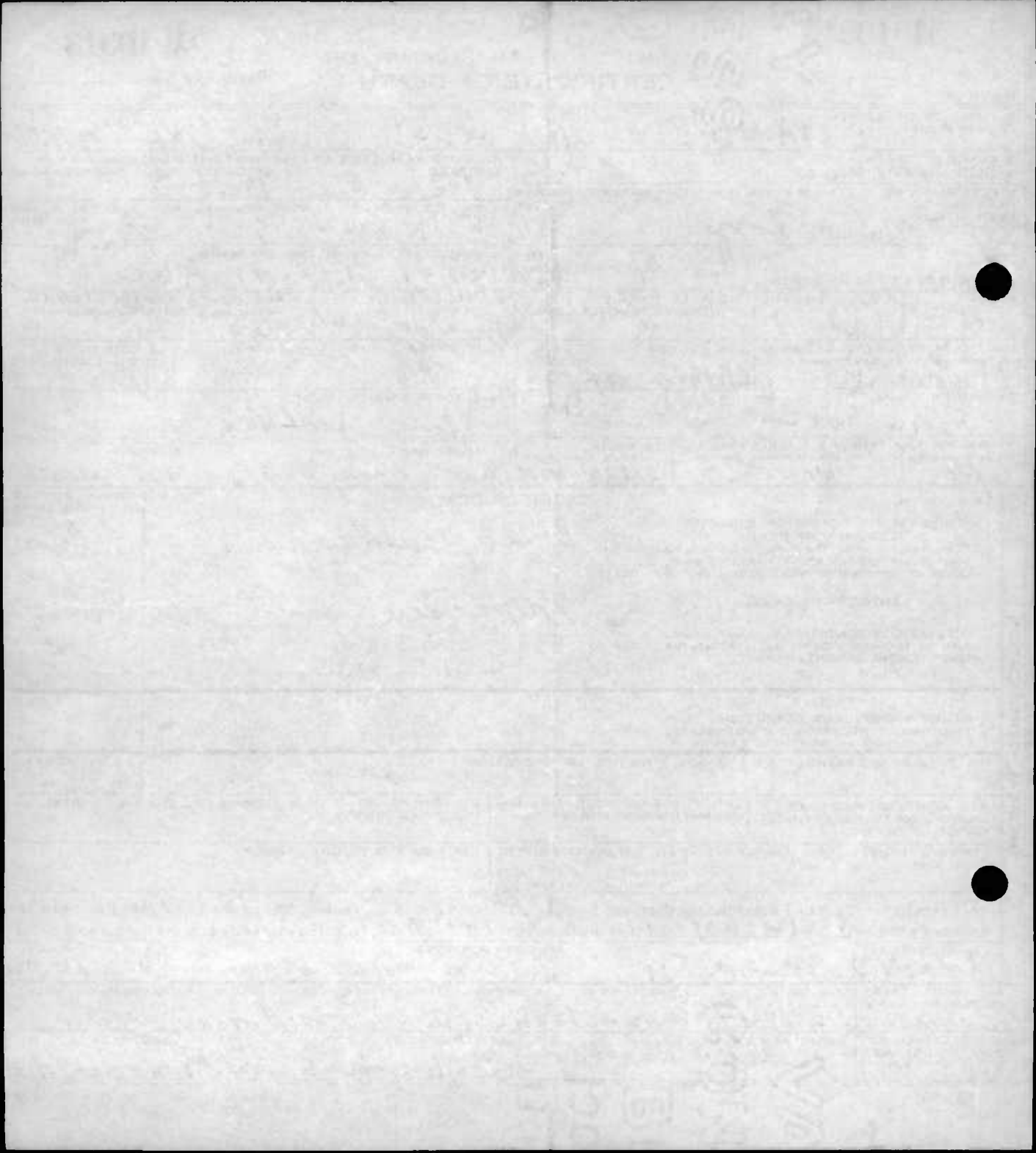
Geo. L. Schwab 2101 Frederick Ave

VS 150

5444G

94a

MEDICAL CERTIFICATION



51 10914

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10914
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JOSEPH BENNET PRIOR			2. DATE OF DEATH DEC. 15, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION 2675 ST. BENEDICT ST.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 20-05		
6. Length of stay in Baltimore 65 yrs.			D. STREET ADDRESS (If rural, give location) 2675 ST. BENEDICT ST.		
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH OCTOBER 1, 1881		9. AGE (In years last birthday) 70
10A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) PAPER HANGER			10B. KIND OF BUSINESS OR INDUSTRY SELF		11. BIRTHPLACE (State or foreign country) PENNSYLVANIA
12. CITIZEN OF WHAT COUNTRY? U. S. A.			13. FATHER'S NAME PRIOR		
14. MOTHER'S MAIDEN NAME UNKNOWN			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		
16. SOCIAL SECURITY NO. NONE			17. INFORMANT ADDRESS WILLARD E. PRIOR 2675 ST. BENEDICT ST.		

18. 581.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Chronic Nephritis		
(C) Cirrhosis Liver		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY / YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct , 19 48 , to December , 19 51 , that I last saw the deceased alive on 15 Dec , 19 51 , and that death occurred at 3:05 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE H. Bayless		23B. ADDRESS 1600 Wilkins Ave		23C. DATE SIGNED 17 Dec 51	

24A. BURIAL, CREMATION-REMOVAL (Specify) BURIAL		24B. DATE 12-18-51		24C. NAME OF CEMETERY OR CREMATORY London PARK		24D. LOCATION (City, town, or county) (State) BALTIMORE, MD.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 18 1951		REGISTRAR'S SIGNATURE Stanton Williams		25. FUNERAL DIRECTOR GEO. L. Schwab		ADDRESS 2101 Frederick Ave.	

1000

1000

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1000

450
51 10915BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10915
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sadie Klein

2. DATE
OF
DEATH

12/17/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Dmar Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give
township)

D. STREET ADDRESS (If rural, give location)

6000 Carrollton Ave

Length of stay in Baltimore

30

Yrs.
Mons.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

9. AGE (in years
last birthday)10. Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Benjamin Fishbein

14. MOTHER'S MAIDEN NAME

Velly

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Morris Klein - same

18. 170x 1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

4 yrs.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/1 1951 to 12/17 1951, that I last saw the
deceased alive on 12/17 1951 and that death occurred at 7:30 A. M. from the causes and on the date stated above.

23A. SIGNATURE

L. E. Kessel

23B. ADDRESS

Dmar Hospital

23C. DATE SIGNED

12/17/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

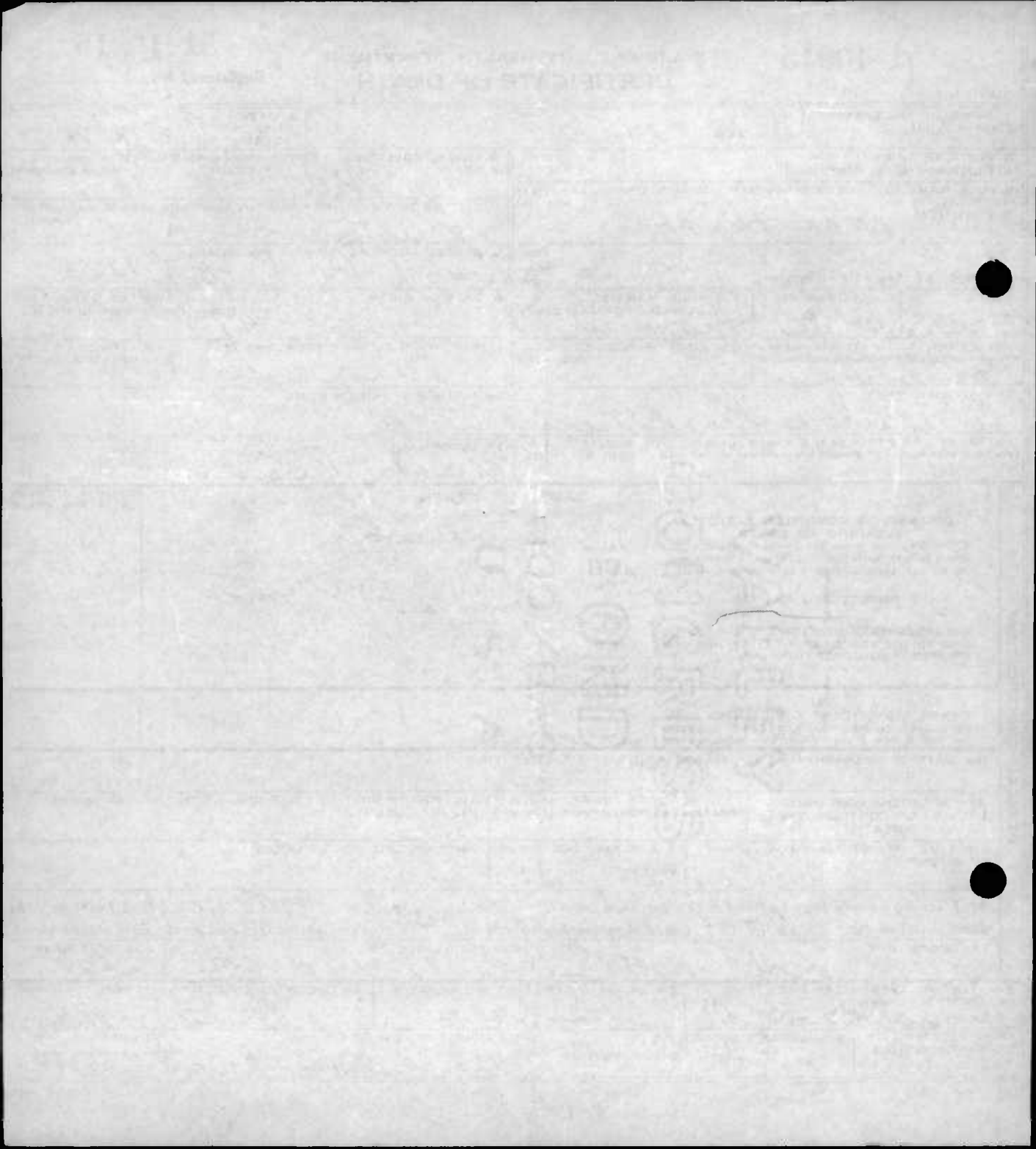
25. FUNERAL DIRECTOR

ADDRESS

DEC 18 1951

L. E. Kessel

Jack Lewis 2100 Canton Pl



51 10916

51 10916

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MILTON HAMBURGER		2. DATE OF DEATH 12-17-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) SINAI HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 4611 Norfolk Avenue	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH May 15, 1909
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Agent		10B. KIND OF BUSINESS OR INDUSTRY Insurance	9. AGE (in years last birthday) 42 1/2
11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? USA.	
13. FATHER'S NAME Charles M. Hamburger		14. MOTHER'S MAIDEN NAME Jennie Harris	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS Ruth Hamburger- 4611 Norfolk Avenue	

18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebro-vascular accident	CAUSE OF DEATH (A) Cerebro-vascular accident DUE TO (B) Hypertensive Arteriosclerotic Vascular Disease DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 12-13 , 19 51 , to 12-17 , 19 51 , that I last saw the deceased alive on 12-17 , 19 51 , and that death occurred at 1:45 A m., from the causes and on the date stated above.		
22A. SIGNATURE Adolph M. Shremworth	22B. ADDRESS Sinai Hospital	22C. DATE SIGNED 12-17-51

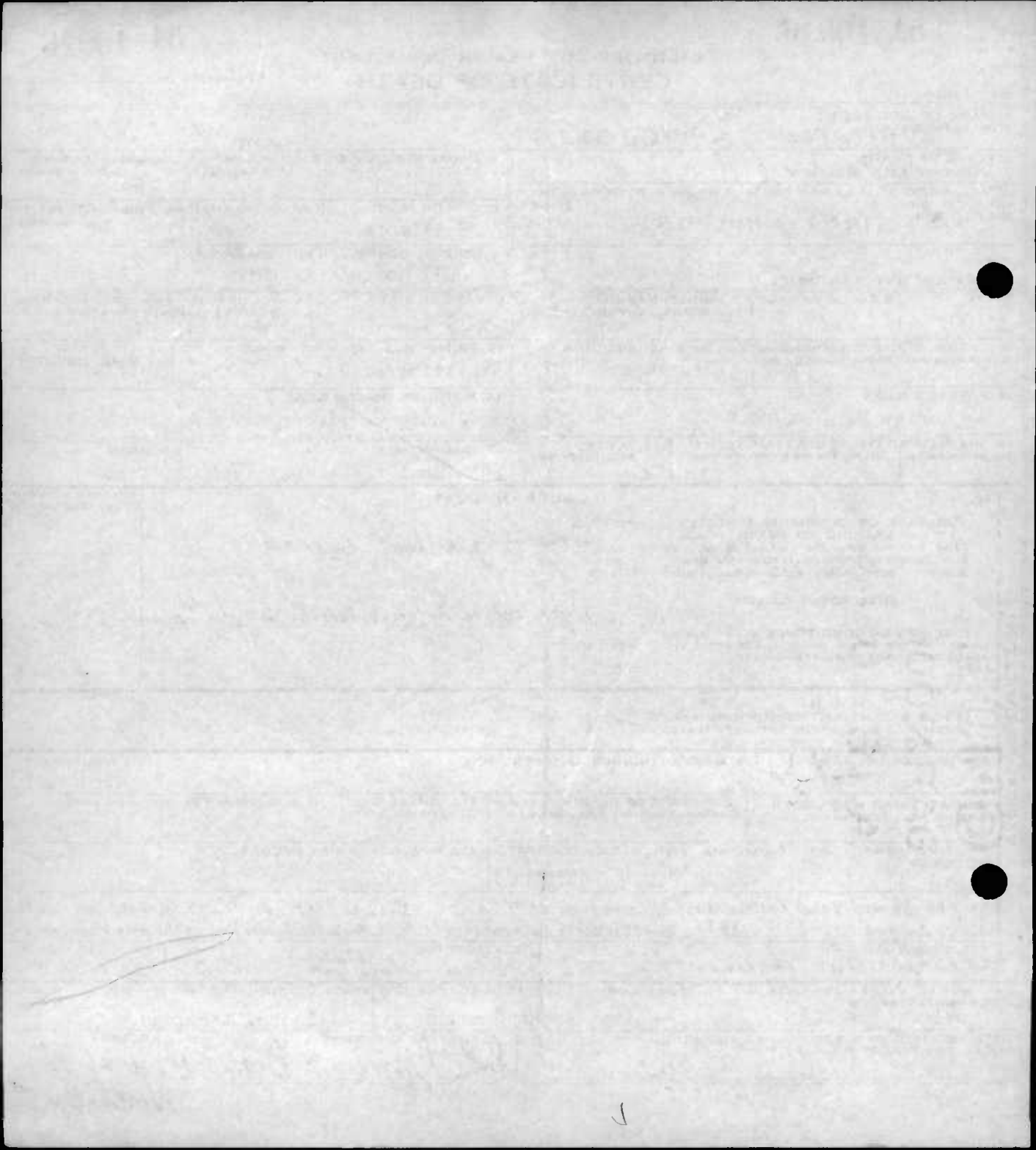
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12/18/51	24C. NAME OF CEMETERY OR CREMATORY Chizuk Amuno Cong.	24D. LOCATION (City, town, or county) (State) Baltimore, Maryland
DATE RECEIVED BY LOCAL REGISTRAR DEC 18 1951	REGISTRAR'S SIGNATURE for Williams	25. FUNERAL DIRECTOR Sol. Lerman & Bros - 1124-26 W	ADDRESS 93 North Ave

VS 150

45073

93 North Ave

MEDICAL CERTIFICATION



51 10917

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10917
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Yetta Rosen

2. DATE
OF
DEATH

December 17, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

4009 Ridgewood Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

4009 Ridgewood Ave

Length of stay in Baltimore

30 Yrs

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

1883

9. AGE (In years
last birthday)

68

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House Wife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles Friedach

14. MOTHER'S MAIDEN NAME

Sarah Bitter

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

David Rosen 4009 Ridgewood Ave

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Coronary Thrombosis

18 months

Atherosclerotic Heart Disease

18 months

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 5, 1950, to Dec. 17, 1951, that I last saw the
deceased alive on Dec 17, 1951, and that death occurred at 10:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Manuel Levin

M. D.

23B. ADDRESS

4818 Reisterstown Road

23C. DATE SIGNED

Dec. 17, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec 19, 1951

24C. NAME OF CEMETERY OR CREMATORY

Anshei Emunah Cong Cemetery Baltimore Md

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Eatington Williams, M.D.

25. FUNERAL DIRECTOR

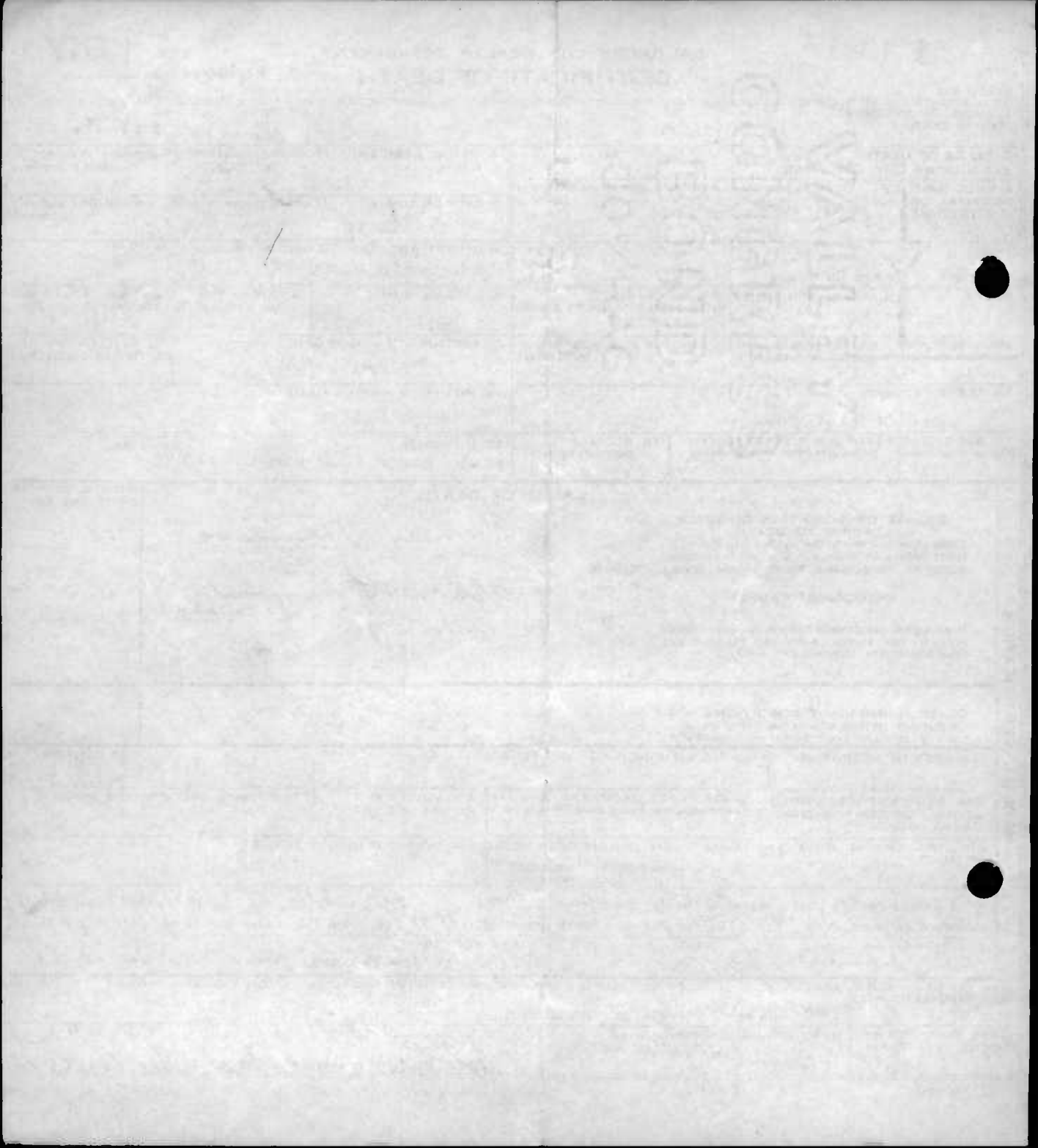
ADDRESS

Sol Revivmont Bros North ave

VS 150

937

MEDICAL CERTIFICATION



51 10918

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10918

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Norma Cumming Murray</i>		2. DATE OF DEATH <i>Dec/17/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>412 Woodlawn Road</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore City</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>at home</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore City 27-14</i>	
Length of stay in Baltimore <i>32 years</i>		D. STREET ADDRESS (If rural, give location) <i>412 Woodlawn Road</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>April-1-1891</i>
9. AGE (In years last birthday) <i>60</i>		10. UNDER 1 Year Months: Days: <i>60</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>None</i>	
11. BIRTHPLACE (State or foreign country) <i>Toronto, Can.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S.</i>	
13. FATHER'S NAME <i>William G. Cumming</i>		14. MOTHER'S MAIDEN NAME <i>Flora M. Murchy</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>None</i>	
17. INFORMANT <i>Edw. G. Murray (son)</i>		ADDRESS <i>412 Woodlawn Rd</i>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>420.1 I</i>		CAUSE OF DEATH (A) <i>Recurrent Coronary Thrombosis</i> DUE TO (B) <i>arterial Hypertension</i> DUE TO (C) <i>420.1 I</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i> <i>yr?</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Dec 16</i> , 19 <i>51</i> , to <i>Dec 17</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>Dec 17</i> , 19 <i>51</i> , and that death occurred at <i>10 P. m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Geo. S. Lippy</i>		23B. ADDRESS <i>426 S. Patterson Park Ave.</i>	
23C. DATE SIGNED <i>12/18/51</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Entombment</i>		24B. DATE <i>Dec/19/51</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Greenmount Cemetery</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 18 1951</i>		REGISTRAR'S SIGNATURE <i>Wm. H. Williams</i>	
25. FUNERAL DIRECTOR <i>Stewart & Mowen Co.</i>		ADDRESS <i>108 W. North Ave.</i>	

VS 150

City #1. 94a

1912

RECEIVED

1912

WATER

CO. 1000

1000

1000

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1000

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1000

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1000

1000

1000

20
51 10919BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10919

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MADELINE POLK

2. DATE
OF
DEATH

DEC 16, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

DSL-4

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

MARYLAND

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR INSTITUTION location)

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE

5-01

C. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1423 MULLIKIN Ct.

5. SEX

FEMALE

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

10-4-13

9. AGE (in years
last birthday)

38

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE, Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph Wilson

14. MOTHER'S MAIDEN NAME

CECELA CURTIS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL ADDRESS

18. 445X 1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Malignant Hypertension

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

? 3 mo

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐NOT WHILE ☐

m.

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-13-1951 to 12-16-1951, that I last saw the
deceased alive on 12-16-1951, and that death occurred at 530 p. m. from the causes and on the date stated above.

23A. SIGNATURE

Ed. Wang for M. D.

23B. JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

12-17-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

12-20-51

24C. NAME OF CEMETERY OR CREMATORY

MT. CALVARY

24D. LOCATION (City, town, or county)

A.A. County Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Joseph G. Lock Jr 1304 N. Central Ave

DEC 18 1951

WILEY
COMPRESS
DROID

51 10920

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10920

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MANDY ANDERSON

2. DATE
OF
DEATH

12-17-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

934 N. CENTRAL AV.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

934 N. CENTRAL AVE

C. Length of stay in Baltimore

20 YRS

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOW

8. DATE OF BIRTH

9. AGE (in years
last birthday)10. Under 1 Year
Months: Days
Hours: Min.

46

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

IDA CURTIS 934 N. CENTRAL AV

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Acute Cardiac Dilatation

INTERVAL BETWEEN
ONSET AND DEATH

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Myocarditis

(C) DUE TO

Chronic Bronchial Asthma

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1957, to 12/17, 1957, that I last saw the deceased alive on 12/17, 1957, and that death occurred at 1:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 18 1951

William J. Williams, M.D.

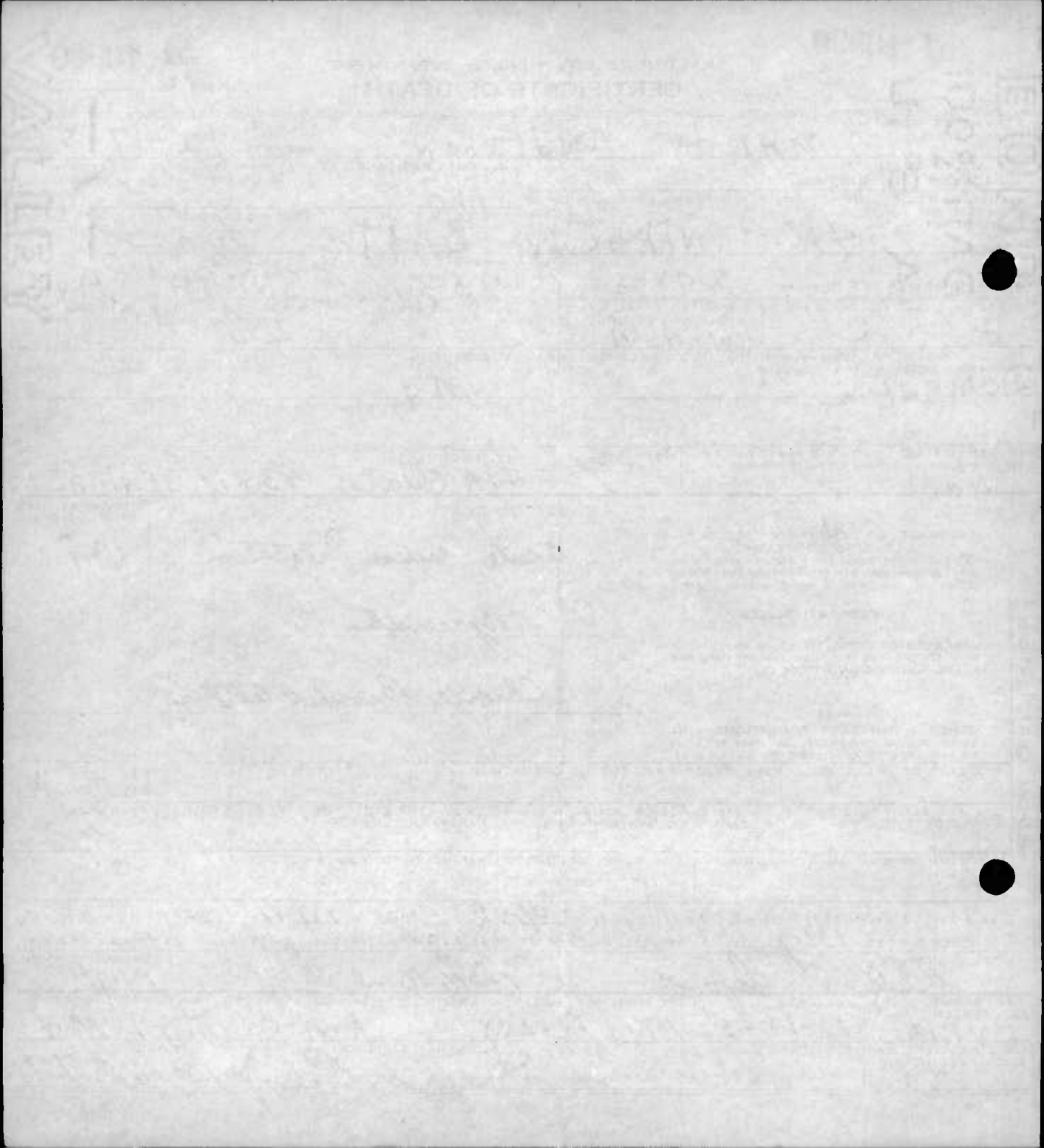
Joseph B. Rock, Jr. 1304 N. Central Ave

VS 150

7208A

93E

MEDICAL CERTIFICATION



51 10921

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10921

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Martha E. Hancock

2. DATE
OF
DEATH

Dec. 15-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

3112 E Chodale Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

3112 E Chodale Avenue

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Dec 29-1874

9. AGE (In years
last birthday)

76

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

St. Marys Co Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

?

14. MOTHER'S MARDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. J. Earl Hancock, 3112 E Chodale

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Coronary Thrombosis

24 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Hypertensive Cardio-Vascular
disease. Arteriosclerosis

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 4, 1947, to Dec 15, 1951, that I last saw the
deceased alive on Nov 1951, and that death occurred at 11 AM., from the causes and on the date stated above.

23A. SIGNATURE

Thomas J. Breeman

M. D.

23B. ADDRESS

5217 Bedford Rd

23C. DATE SIGNED

12-17-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/18/51

24C. NAME OF CEMETERY OR CREMATORY

Moreland Park

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

E. J. Luck

25. FUNERAL DIRECTOR

E. J. Luck

ADDRESS

5305 Harford St.

DEC 18 1951

VS 150

937

MEDICAL CERTIFICATION

Dr. Brenman

51 10922

51 10922

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Margaret E. Waldron*2. DATE
OF
DEATH*12/15/51*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION*1410 W. Balto. St*

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto. 19-02

D. STREET ADDRESS (If rural, give location)

1410 W. Balto. St

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*Female**White**Married*

8. DATE OF BIRTH

4/29/1910

9. AGE (In years last birthday)

10. Under 1 Year

11. Under 24 Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

*Housewife**Own Home*

11. BIRTHPLACE (State or foreign country)

*Md.*12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Howard Frederick

14. MOTHER'S MAIDEN NAME

*Edna (unknown)*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)*No*

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

*Charlie Waldron 1410 W. Balto. St.*18. *420.1*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A)
DUE TO*Coronary Thrombosis**Two days*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)*Coronary Insufficiency**Several weeks*II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from *Oct.*, 1951, to *Dec 15*, 1951, that I last saw the deceased alive on *15*, 1951, and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE

Abram Goldman M.D.

23B. ADDRESS

206 S. Gilman St.

23C. DATE SIGNED

*12/17/51*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

*Burial**12/19/51**St. Johns**Ellicott City Md.*DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*DEC 18 1951**Wilmington Williams, Md.**Wm Cook Inc. 1217 St. Paul St.*

2701099 Med. Tx Case - Released to Hosp.
51 10923 BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH Registered No. 51 10923

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Anna Busick</i>		2. DATE OF DEATH <i>Dec 14, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Rectal Clinic</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>5-02</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
D. STREET ADDRESS (If rural, give location) <i>416 N. Euter St.</i>			
c. Length of stay in Baltimore Yrs. Mos. Days			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>8-18-1882</i>
9A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i>	9. AGE (in years last birthday) <i>69</i>
13. FATHER'S NAME <i>Charles H. Boyer</i>		11. BIRTHPLACE (State or foreign country) <i>Md.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>Maggie Woldman</i>	
17. INFORMANTS HOPKINS HOSPITAL ADDRESS			

18. *760X I* CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Cerebral vascular accident
DUE TO
(A) *Thrombosis*
(B) *Diphtheria*
(C) *No*

INTERVAL BETWEEN ONSET AND DEATH
Immediate

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
No

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <i>none</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *Dec 14, 1951* to *Dec 14, 1951*, that I last saw the deceased alive on *Dec 14, 1951*, and that death occurred at *9:50 a.m.* from the causes and on the date stated above.

23A. SIGNATURE <i>Elmer R. Tapp</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>Dec 14, 1951</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>12/19/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Olivet Cemetery</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore, Maryland</i>		25. FUNERAL DIRECTOR <i>Wm. Cook, Inc., 1217 St. Paul St.</i>		ADDRESS	

DATE RECEIVED BY LOCAL REGISTRAR
DEC 18 1951

REGISTRAR'S SIGNATURE
Wm. Cook, Inc., 1217 St. Paul St.

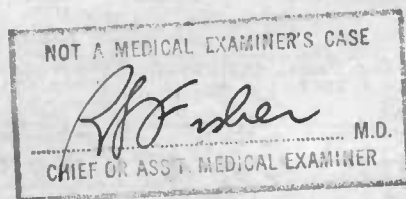
VS 150



37-0
51 10924BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10924
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) GILBERT W. REPPISH		2. DATE OF DEATH 12/16/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY 27-34	
B. FULL NAME OF HOSPITAL OR INSTITUTION D.O.A. - UNIVERSITY HOSP		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
D. LENGTH OF STAY IN BALTIMORE —		D. STREET ADDRESS (If rural, give location) 5207 WALTHER BLVD	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 22-1905
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General office		10B. KIND OF BUSINESS OR INDUSTRY manager	11. BIRTHPLACE (State or foreign country) Baltimore Md.
13. FATHER'S NAME Mr. Thomas Reppish		14. MOTHER'S MAIDEN NAME C. Ruth Bradley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Hilda M. Reppish
18. I 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Subarachnoid hemorrhage DUE TO ASCUD DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ASCUD OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		12. CITIZEN OF WHAT COUNTRY? Same INTERVAL BETWEEN ONSET AND DEATH DOA	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12/16/51 to 12/16/51 , that I last saw the deceased alive on 12/16/51 and that death occurred at 10:37 p.m., from the causes and on the date stated above.			
23A. SIGNATURE H. J. Kuck		23B. ADDRESS University Loop	
23C. DATE SIGNED 12/17/51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/20/51	
24C. NAME OF CEMETERY OR CREMATORY Woodlawn		24D. LOCATION (City, town, or county) (State) Balto Md	
DATE RECEIVED BY LOCAL REGISTRAR DEC 18 1951		REGISTRAR'S SIGNATURE W. J. Williams	
25. FUNERAL DIRECTOR L. J. Kuck		ADDRESS 5305 Harford Rd	



231

51 10925

CERTIFICATE CORRECTED

1-2-52

BALTIMORE CITY HEALTH DEPARTMENT

51 10925

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

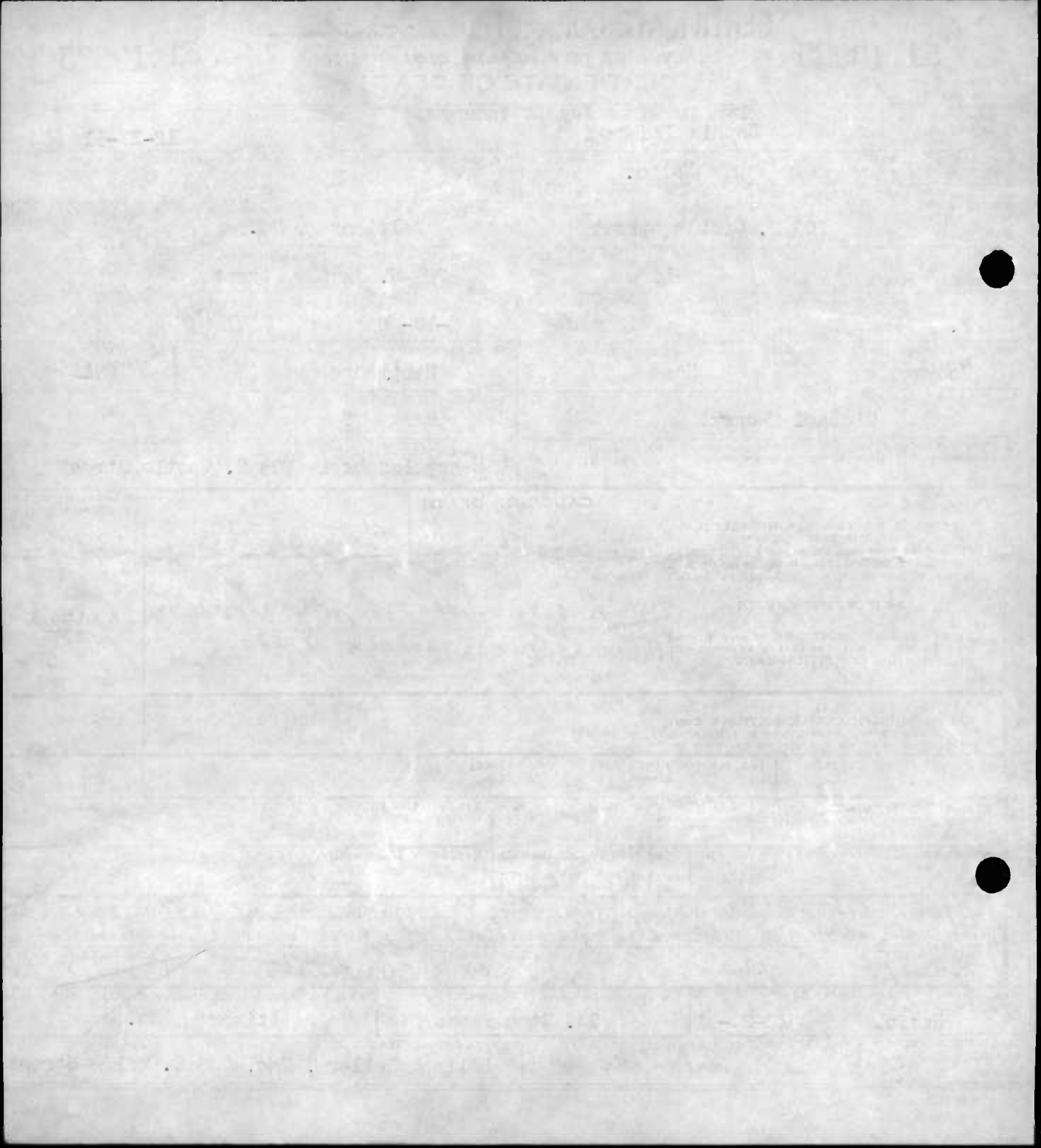
1. NAME OF DECEASED (Type or Print)		Also known as Jozefa Izdebska Sophia Izdebski		2. DATE OF DEATH 12-17-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland			Balto.		
B. FULL NAME OF HOSPITAL OR INSTITUTION			(If not in hospital or institution, give street address or location) 203 S. Castle Street		
C. Length of stay in Baltimore			Life		
5. SEX F.		6. COLOR OR RACE W		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY Home		8. DATE OF BIRTH 3-19-80	
11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY? USA		9. AGE (in years last birthday) 71	
13. FATHER'S NAME Michael Okonski		14. MOTHER'S MAIDEN NAME Mary ?		17. INFORMANT Henry Izdebski	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		ADDRESS 203 S. Castle Street	

18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(A) CEREBRAL HEMORRHAGE		12/17/51	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE. (A) STATING THE UNDERLYING CONDITION LAST.		(B) ARTERIOSCLEROTIC, HYPERTENSIVE		8/4/51	
		(C) DUE TO CARDIO-VASCULAR DISEASE			

19A. DATE OF OPERATION None		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Aug 4, 1951, to Dec. 17, 1951, that I last saw the deceased alive on Dec. 17, 1951, and that death occurred at 9:45 A.M., from the causes and on the date stated above.					
23A. SIGNATURE Joseph F. Venezia		23B. ADDRESS 2098 Chester St.		23C. DATE SIGNED 12/18/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12-20-51		24C. NAME OF CEMETERY OR CREMATORY St. Stanislaus	
DATE RECEIVED BY LOCAL REGISTRAR DEC 18 1951		REGISTRAR'S SIGNATURE Linton Williams, M.D.		25. FUNERAL DIRECTOR Lilly & Zeiler, Inc, 403 S. Wolfe Street	

937



51 10926

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10926
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MARIEMMA KAMMAYER			2. DATE OF DEATH 12-15-51		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto -			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION 3304 Goone Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto - Md. 26-36		
6. LENGTH OF STAY IN BALTIMORE Life			D. STREET ADDRESS (If rural, give location) 3304 Goone St - TOONE ST		
5. SEX F.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6-9-69		9. AGE (In years last birthday) 82
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Hungary
13. FATHER'S NAME 2			14. MOTHER'S MAIDEN NAME 2		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.		
17. INFORMANT Ludwig Kammayer			ADDRESS same		

18. 171X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH CANCER CERVIX	INTERVAL BETWEEN ONSET AND DEATH 3 yrs.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO	
		(B) DUE TO	
		(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		ARTERIOSCLEROSIS, GENERALIZED	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour)		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

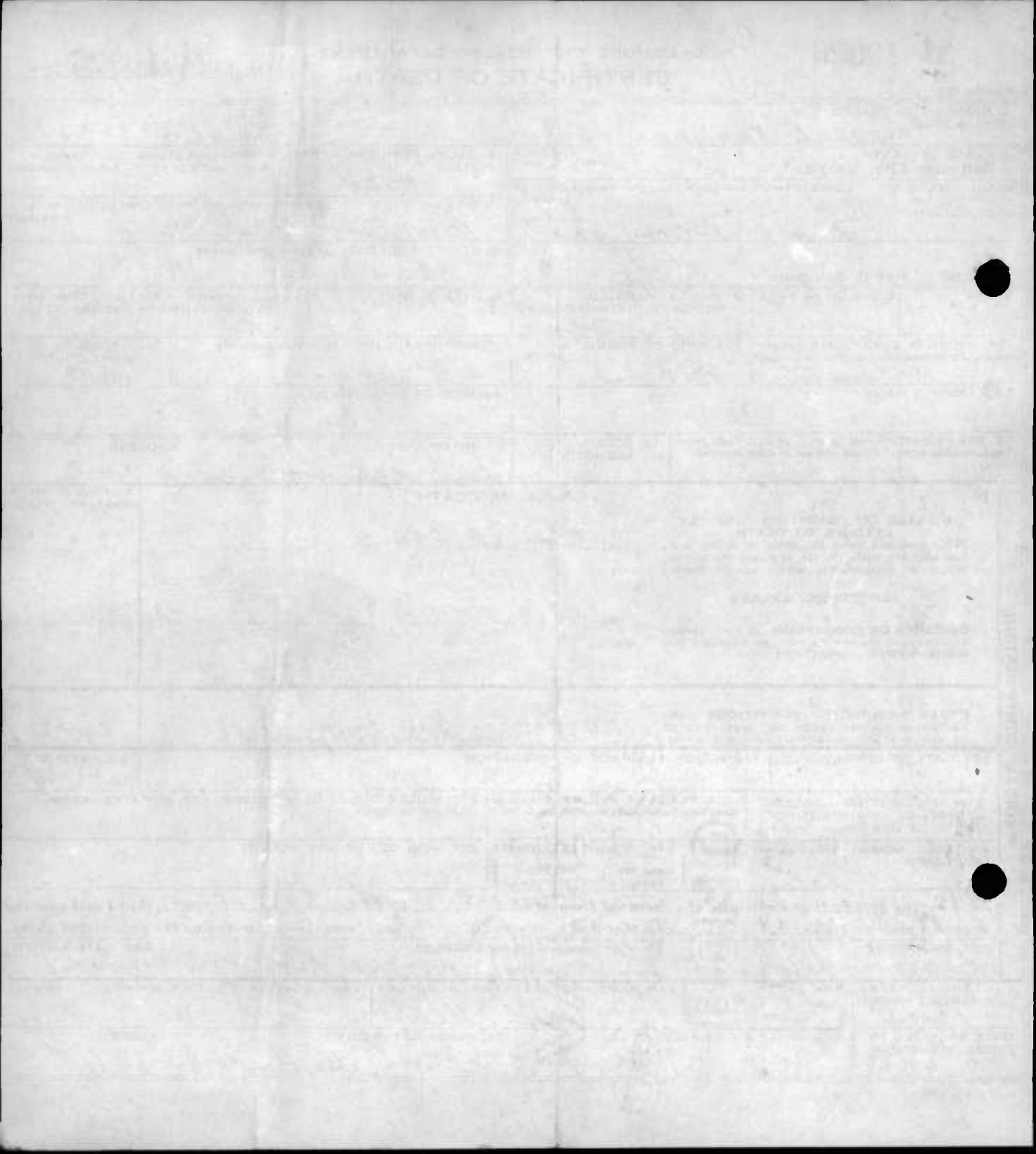
22. I hereby certify that I attended the deceased from **JUNE 5**, 19 **48**, to **DEC. 15**, 1951, that I last saw the deceased alive on **DEC. 14**, 1951, and that death occurred at **6:15 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE Benjamin Lichtstein		23B. ADDRESS 121 S. HIGHLAND AVE.		23C. DATE SIGNED 12/15/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12-19-51		24C. NAME OF CEMETERY OR CREMATORY Secord Heath	
24D. LOCATION (City, town, or county) Baltimore Md.		25. FUNERAL DIRECTOR Lilly & Zeln		ADDRESS 4038 Wolf St.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 18 1951		REGISTRAR'S SIGNATURE William H. Williams			

VS 150

48a

MEDICAL CERTIFICATION



51 10927

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10927

Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		JOHN GREGORY VORLAUFER		Dec. 17, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)			
		A. STATE Maryland B. COUNTY			
5. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-04			
6. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1913 N. Monroe Street			
7. SEX male	8. COLOR OR RACE white	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	10. DATE OF BIRTH 2-12-1895	11. AGE (In years last birthday) 56	12. Under 1 Year Months: Days: Hours: Min. 10 5
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hardwood floor Finisher		10B. KIND OF BUSINESS OR INDUSTRY Floor Finisher		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME George Vorlauffer			
14. MOTHER'S MAIDEN NAME Margaret Schaub		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) NO None			
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Miss Anna B. Vorlauffer - 1913 N. Monroe St. Balto. Md.			

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 420.1 I Coronary artery sclerosis	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(A) DUE TO (B) DUE TO (C) DUE TO	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE Stanley B. Dineen	23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED Dec. 17, 1951
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12-20-1951	24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery
24D. LOCATION (City, town, or county) (State) Edmondson Ave. Balto. Md.	25. FUNERAL DIRECTOR George J. Ruth, Inc. - 1735 Harford Avenue	ADDRESS
DATE RECEIVED BY LOCAL REGISTRAR DEC 18 1951	REGISTRAR'S SIGNATURE Katherine Williams, M.D.	

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94a ✓

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51 10928

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10928
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Lee

2. DATE
OF
DEATH

Dec. 16, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION
(If not in hospital or institution, give street address or location)

502 N. Pine St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

502 N. Pine St.

Length of stay in Baltimore

30Yrs.

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Jan. 22, 1901

9. AGE (in years
last birthday)

50

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

Private Family

11. BIRTHPLACE (State or foreign country)

Bel Air, Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Henry Bond

14. MOTHER'S MAIDEN NAME

Katie Stagman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Eva Dougherty- 921 N. Stricker St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 16, 1951, to Dec 16, 1951, that I last saw the
deceased alive on Dec 16, 1951, and that death occurred at 3-P m., from the causes and on the date stated above.

23A. SIGNATURE

J. B. Stewart

M. D.

23B. ADDRESS

632 W. Frankishurst

23C. DATE SIGNED

Dec 17 51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/20/51

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Memorial Park

24D. LOCATION (City, town, or county)

Balto. County, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

T. W. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Charles R. Law, 802 Madison Ave.

VS 150

7208A

95c

MEDICAL CERTIFICATION

• • •

500 51 10929

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10929

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

MARY E. SHAWN

2. DATE
OF
DEATH

Dec. 15, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

606 Woodington Rd.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

606 Woodington Rd.

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

June 15, 1867

9. AGE (In years last birthday)

84

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

13. FATHER'S NAME

Isaac Gale

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Mary Enos

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Elmer Y. Johnson-3919 Keswick Rd.

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary occlusion

DUE TO

2 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Atherosclerotic cardiovascular disease

DUE TO

(C)

CERTIFICATION APPROVED BY

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

M. D.

20. AUTOPSY?

CHIEF OR ASST. MEDICAL EXAMINER.

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 15th, 1951, to Dec. 15th, 1951, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:45 AM., from the causes and on the date stated above.

23A. SIGNATURE

Katharine V. Kemp

M. D.

23B. ADDRESS

1300 Wildwood Pkwy

23C. DATE SIGNED

12/15/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12/18/51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

MEDICAL CERTIFICATION

UNITED STATES DEPARTMENT OF AGRICULTURE

STATION OF THE DEPARTMENT

WASHINGTON, D. C.

OFFICE OF THE SECRETARY

WASHINGTON, D. C.

WASHINGTON, D. C.

WASHINGTON, D. C.

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51 10930

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10930
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EARL LINWOOD CHANEY

2. DATE
OF
DEATH

17 Dec 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland ✓

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION Lutheran Hospital of Maryland, Inc.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Baltimore

C. CITY OR TOWN

Baltimore, Md

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2740 Winchester Street

Length of stay in Baltimore ?

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 25, 1886

9. AGE (In years
last birthday)

65

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Accountant

10B. KIND OF BUSINESS OR
INDUSTRY

B. & O. R. R.

11. BIRTHPLACE (State or foreign country)

Frederick County, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Nathan Chaney

14. MOTHER'S MAIDEN NAME

Martha E. Beall

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Unknown

16. SOCIAL
SECURITY NO.

705-03-4476

17. INFORMANT

ADDRESS

Mrs. Robert O. Walters-3903 Woodridge Ave.

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Acute heart failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Arteriosclerotic heart disease

DUE TO

(C)

Arteriosclerosis

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19 hrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 16 December, 1951, to 17 December, 1951, that I last saw the
deceased alive on 17 Dec., 1951, and that death occurred at 10:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

William F. Kremer

M. D.

23B. ADDRESS

Lutheran Hospital, Baltimore Md

23C. DATE SIGNED

17 Dec. 51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/20/51

24C. NAME OF CEMETERY OR CREMATORY

Plane #4 Cem.

24D. LOCATION (City, town, or county)

Maryin Chapel, Frederick Co. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

J. Jickener & Sons

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
OFFICE OF THE REGISTRAR
ALBANY, N. Y.

INTERVIEWED BY

DATE OF INTERVIEW

PLACE OF INTERVIEW

NAME OF INTERVIEWER

NAME OF WITNESS

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

MANNER OF DEATH

AGE AT DEATH

SEX

250
51 10931BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10931
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EDWARD A. DIXON

2. DATE
OF
DEATH

Dec. 16, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2141 N. Pulaski St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 15-04

D. STREET ADDRESS (If rural, give location)

2141 N. Pulaski St.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

Jan. 4, 1874

9. AGE (In years
last birthday)

77

If Under 1 Year Months Days
If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

butcher

10B. KIND OF BUSINESS OR INDUSTRY
retail Butcher

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Franklin A. Dixon

14. MOTHER'S MAIDEN NAME

Mary Louise Mealy

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Wilbur Pierce-2141 N. Pulaski St.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

CAUSE OF DEATH

Carcinoma of esophagus

INTERVAL BETWEEN
ONSET AND DEATH

5 mos

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1951, to Dec. 16, 1951, that I last saw the deceased alive on Dec 16, 1951, and that death occurred at 8:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/20/51

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. NAME OF DECEASED		2. SEX		3. AGE		4. DATE OF BIRTH		5. PLACE OF BIRTH	
6. OCCUPATION		7. MARITAL STATUS		8. COLOR		9. RELIGION		10. EDUCATION	
11. CAUSE OF DEATH		12. MANNER OF DEATH		13. PLACE OF DEATH		14. TIME OF DEATH		15. SIGNATURE OF DECEASED	
16. SIGNATURE OF WITNESSES		17. SIGNATURE OF PHYSICIAN		18. SIGNATURE OF CLERK		19. SIGNATURE OF JUDGE		20. SIGNATURE OF SHERIFF	
21. SIGNATURE OF CORONER		22. SIGNATURE OF JURY		23. SIGNATURE OF JUDGE		24. SIGNATURE OF SHERIFF		25. SIGNATURE OF SHERIFF	
26. SIGNATURE OF SHERIFF		27. SIGNATURE OF SHERIFF		28. SIGNATURE OF SHERIFF		29. SIGNATURE OF SHERIFF		30. SIGNATURE OF SHERIFF	
31. SIGNATURE OF SHERIFF		32. SIGNATURE OF SHERIFF		33. SIGNATURE OF SHERIFF		34. SIGNATURE OF SHERIFF		35. SIGNATURE OF SHERIFF	
36. SIGNATURE OF SHERIFF		37. SIGNATURE OF SHERIFF		38. SIGNATURE OF SHERIFF		39. SIGNATURE OF SHERIFF		40. SIGNATURE OF SHERIFF	
41. SIGNATURE OF SHERIFF		42. SIGNATURE OF SHERIFF		43. SIGNATURE OF SHERIFF		44. SIGNATURE OF SHERIFF		45. SIGNATURE OF SHERIFF	
46. SIGNATURE OF SHERIFF		47. SIGNATURE OF SHERIFF		48. SIGNATURE OF SHERIFF		49. SIGNATURE OF SHERIFF		50. SIGNATURE OF SHERIFF	
51. SIGNATURE OF SHERIFF		52. SIGNATURE OF SHERIFF		53. SIGNATURE OF SHERIFF		54. SIGNATURE OF SHERIFF		55. SIGNATURE OF SHERIFF	
56. SIGNATURE OF SHERIFF		57. SIGNATURE OF SHERIFF		58. SIGNATURE OF SHERIFF		59. SIGNATURE OF SHERIFF		60. SIGNATURE OF SHERIFF	
61. SIGNATURE OF SHERIFF		62. SIGNATURE OF SHERIFF		63. SIGNATURE OF SHERIFF		64. SIGNATURE OF SHERIFF		65. SIGNATURE OF SHERIFF	
66. SIGNATURE OF SHERIFF		67. SIGNATURE OF SHERIFF		68. SIGNATURE OF SHERIFF		69. SIGNATURE OF SHERIFF		70. SIGNATURE OF SHERIFF	
71. SIGNATURE OF SHERIFF		72. SIGNATURE OF SHERIFF		73. SIGNATURE OF SHERIFF		74. SIGNATURE OF SHERIFF		75. SIGNATURE OF SHERIFF	
76. SIGNATURE OF SHERIFF		77. SIGNATURE OF SHERIFF		78. SIGNATURE OF SHERIFF		79. SIGNATURE OF SHERIFF		80. SIGNATURE OF SHERIFF	
81. SIGNATURE OF SHERIFF		82. SIGNATURE OF SHERIFF		83. SIGNATURE OF SHERIFF		84. SIGNATURE OF SHERIFF		85. SIGNATURE OF SHERIFF	
86. SIGNATURE OF SHERIFF		87. SIGNATURE OF SHERIFF		88. SIGNATURE OF SHERIFF		89. SIGNATURE OF SHERIFF		90. SIGNATURE OF SHERIFF	
91. SIGNATURE OF SHERIFF		92. SIGNATURE OF SHERIFF		93. SIGNATURE OF SHERIFF		94. SIGNATURE OF SHERIFF		95. SIGNATURE OF SHERIFF	
96. SIGNATURE OF SHERIFF		97. SIGNATURE OF SHERIFF		98. SIGNATURE OF SHERIFF		99. SIGNATURE OF SHERIFF		100. SIGNATURE OF SHERIFF	

455
51 10932BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10932
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ALBERT EARL CLEMENS

2. DATE
OF DEATH Dec. 17, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Joseph's Hospital

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX
male6. COLOR OR RACE
white7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Apr. 8, 1903

9. AGE (In years
last birthday)
4811 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
salesman (retired)10B. KIND OF BUSINESS OR
INDUSTRY
Candy

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James Clemens

14. MOTHER'S MAIDEN NAME

-- McDermott

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
no16. SOCIAL
SECURITY NO.
215-01-8509

17. INFORMANT

ADDRESS Pkwy.

Mrs. Marguerite J. Clemens-836 Wildwood

18. E812.41

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Crushing injury of chest and abdomen

~~OTHER~~

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Multiple fractures, abrasions, and
~~OTHER~~ contusions

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

street

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

Belair Road - 70' south of Seidel Ave.

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☒

21F. HOW DID INJURY OCCUR?

Pedestrian struck by auto

26/2

I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Dec 17 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

12/19/51

Woodlawn Cem.

Woodlawn, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 18 1951

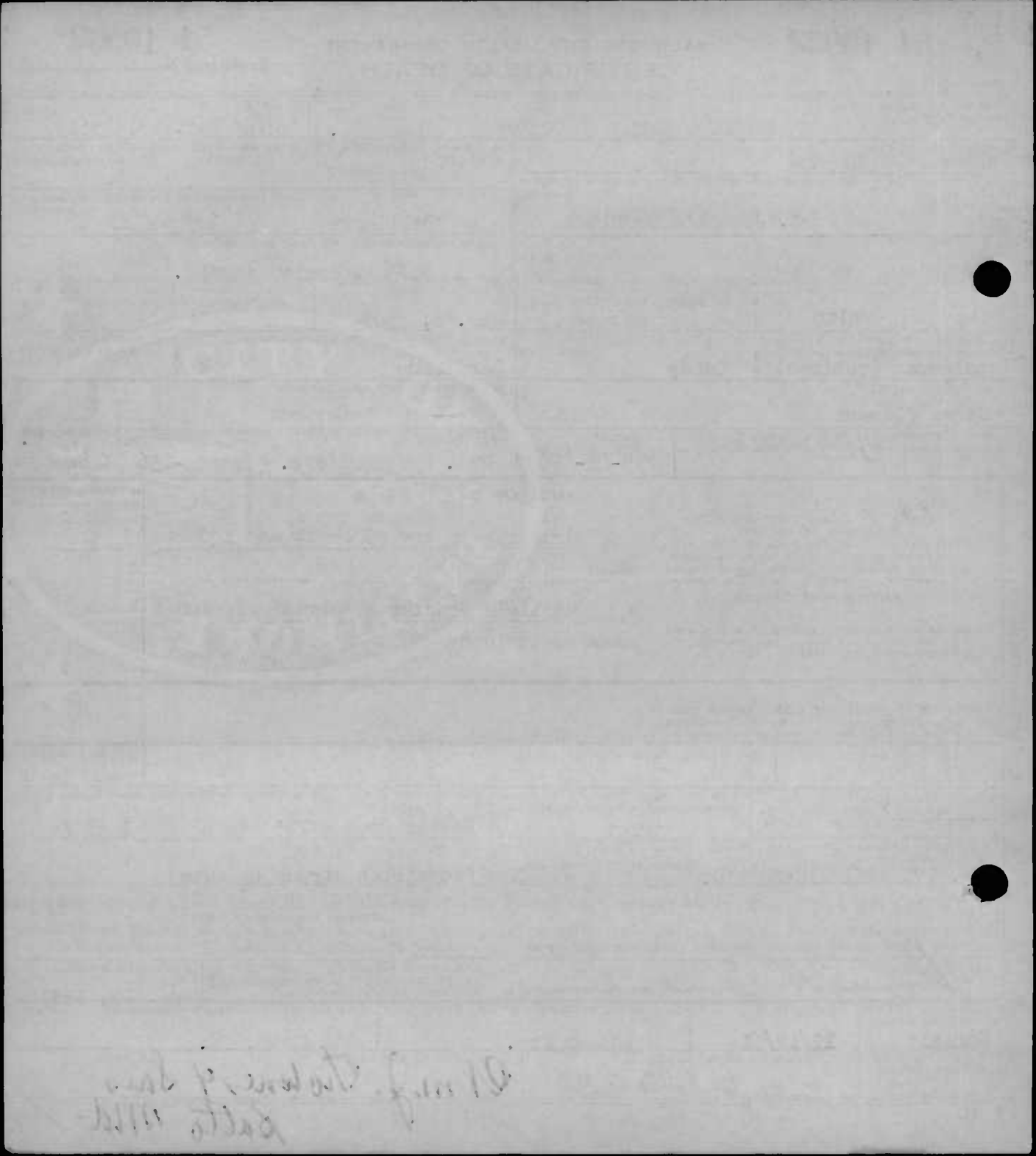
R. H. Williams, M.D.

Wm. J. Pickens & Sons 1700

VS 151

N-869.2 49063

Balto Md.



21 mg. the word of law
Bible 11/14

30
AB-154761

51 10933

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10933

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Henry Smith

2. DATE
OF
DEATH

12-17-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR Baltimore City Hospitals
INSTITUTION 4940 Eastern Ave.4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MarylandC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 15-02

D. STREET ADDRESS (If rural, give location)

1805 W. North Ave. me 17

Length of stay in Baltimore

15 yrs.

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

N

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 6- 1894

9. AGE (In years
last birthday)

57

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John H. Smith

14. MOTHER'S MAIDEN NAME

Lizzie Bailey

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Records: Baltimore City Hospitals
4940 Eastern Ave.

18. 443 X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Hypertensive Arteriosclerotic cardio
vascular disease

DUE TO

6 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Pulmonary Edema

DUE TO

2 days

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-13-1951, to 12-17-1951 that I last saw the
deceased alive on 12-17-1951 and that death occurred at 1.20 P.m., from the causes and on the date stated above.

23A. SIGNATURE

J. B. Ogen

23B. ADDRESS

4940 Eastern Ave., Balto., Md.

23C. DATE SIGNED

12-17-1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Dec. 23, 1951

24C. NAME OF CEMETERY OR CREMATORY

Joyes Cemetery

24D. LOCATION (City, town, or county)

Onancock,

(State)

Virginia

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

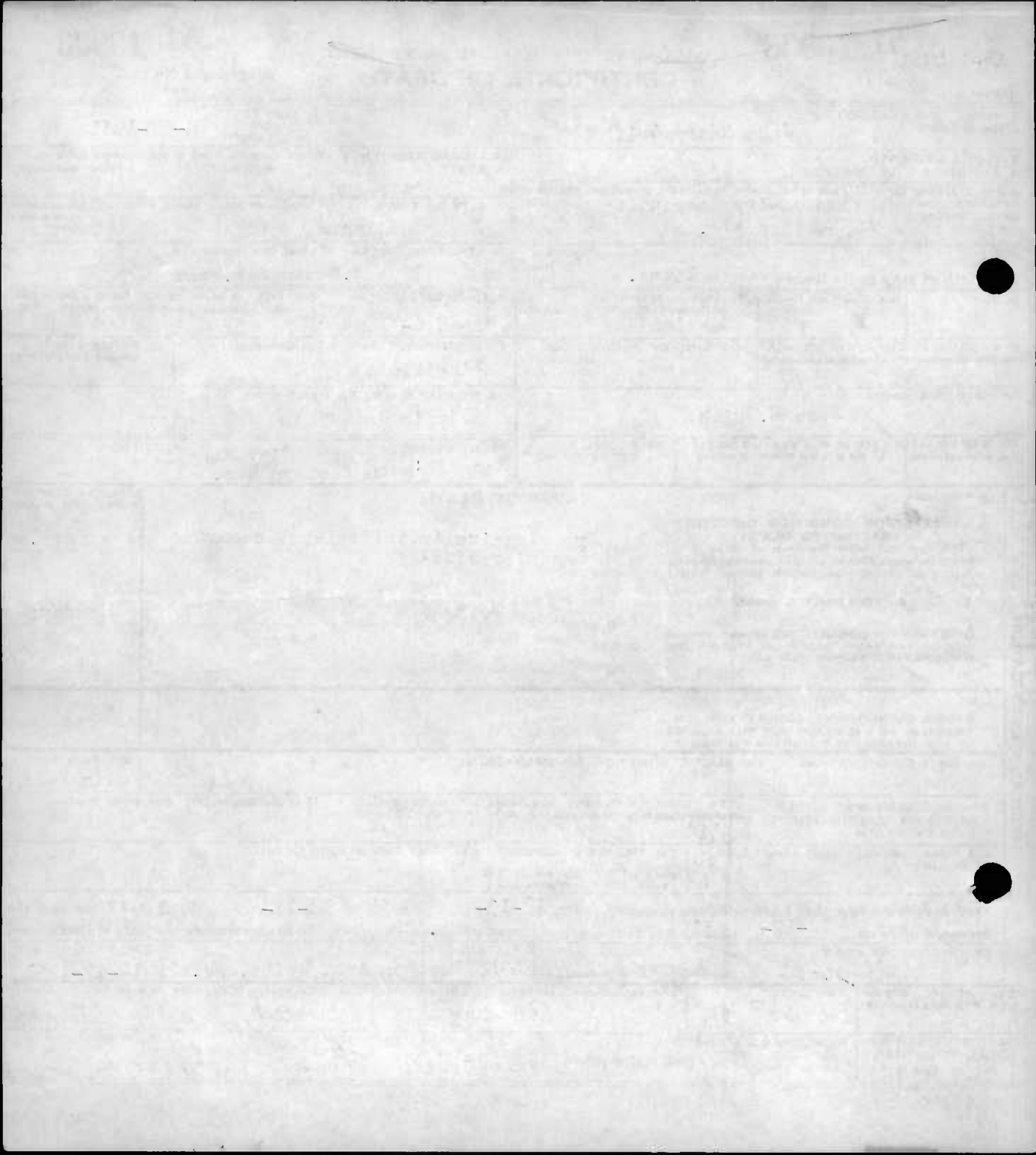
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

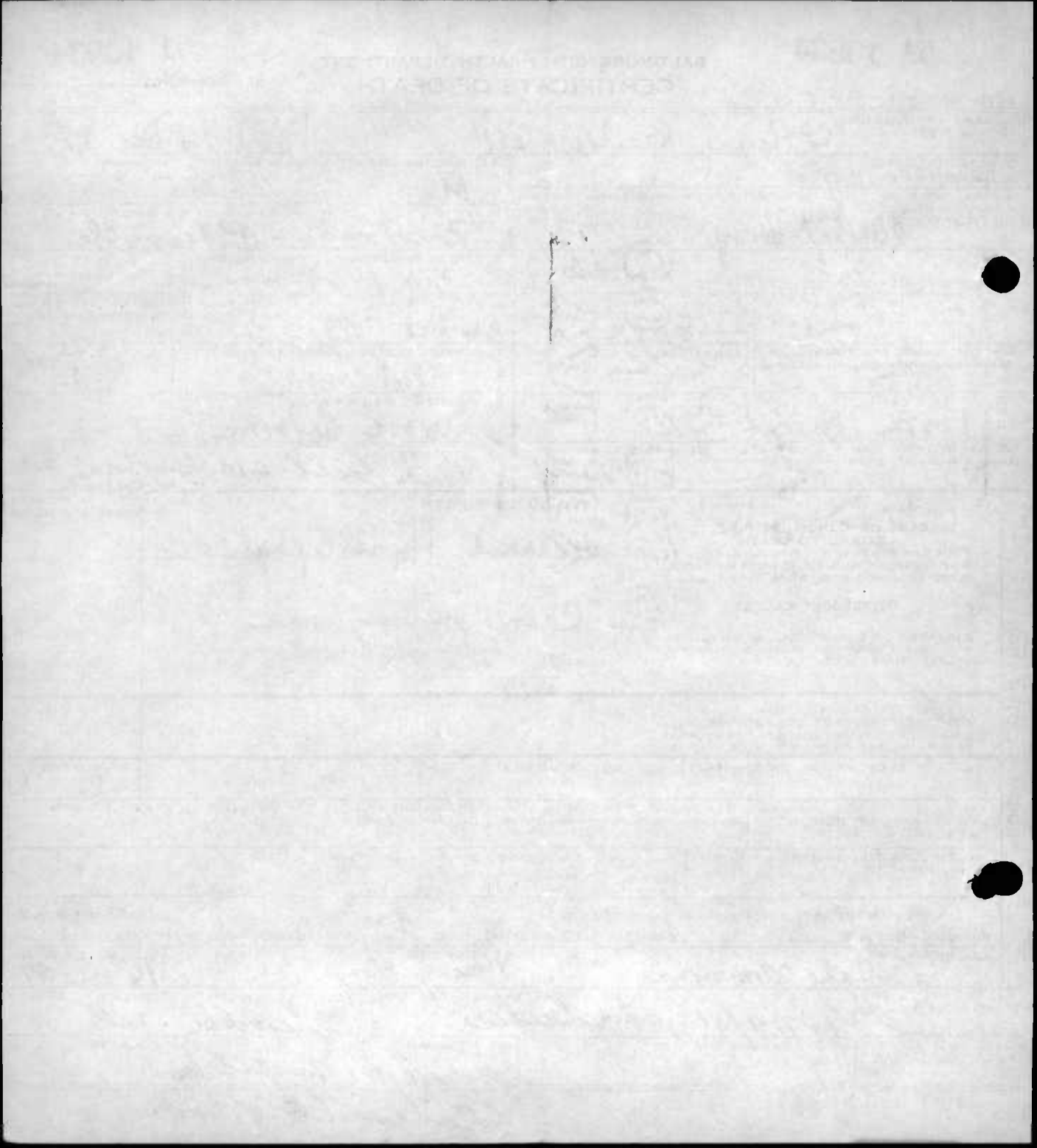
J. Edgar Thomas

ADDRESS

Accomac, Virginia



G-400 51 10934		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		X 51 10934 Registered No. _____	
BIRTH NO. 49-22978					
1. NAME OF DECEASED (Type or Print) Catherine Cecilia Gill			2. DATE OF DEATH 16 Dec 51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Balto		
5. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hosp			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore - Pikesville		
Length of stay in Baltimore 7 weeks			D. STREET ADDRESS (If rural, give location) 210 Hawthorne 5200		
6. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 26 Oct 1944	9. AGE (In years, last birthday) 2	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Foster Joseph Gill			14. MOTHER'S MAIDEN NAME Alma Grimme		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. No	17. INFORMANT ADDRESS Alma Gill - 210 Hawthorne av. Pikesville		
18. 224X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			CAUSE OF DEATH		
DUE TO (A) Internal Hydrocephalus			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES			(B) Cranio pharyngioma		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9 P. m., from the causes and on the date stated above.					
23A. SIGNATURE L. Dale Simmons M.D.		23B. ADDRESS Mercy Hospital		23C. DATE SIGNED 16 Dec 51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/19/51		24C. NAME OF CEMETERY OR CREMATORY St. Charles	
24D. LOCATION (City, town, or county) Pikesville, Md.		24E. LOCATION (State) (State)		25. FUNERAL DIRECTOR Frank H. Newell, Inc.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		ADDRESS Pikesville 8, Md.	



552
51 10935

51 10935

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

John Wesley MANNING III

2. DATE
OF
DEATH

DEC 16, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

BRA-5-

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

13-03

D. STREET ADDRESS (If rural, give location)

1229 CLOVERDALE RD.

Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

COLORED

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

5-19-29

9. AGE (In years
last birthday)

22

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

TRUCK DRIVER

10B. KIND OF BUSINESS OR
INDUSTRY

CONFECTIONARY

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MD.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Wesley MANNING Jr.

14. MOTHER'S MAIDEN NAME

Virginia Ashby

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

NO

16. SOCIAL
SECURITY NO.

214-24-8428

17. INFORMATION ADDRESS

JOHNS HOPKINS HOSPITAL

18. 592X1 CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Chronic nephritis

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOBIOGRAPHY

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

WORK ☐

NOT WHILE

AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-28-1951 to 12-16-1951, that I last saw the
deceased alive on 12-16-1951, and that death occurred at 8:40 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Anne B. McKee

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

12/17/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

12/20/51

24C. NAME OF CEMETERY OR CREMATORY

MT. CALVARY CEMETERY

24D. LOCATION (City, town, or county)

A.A. COUNTY, MD.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

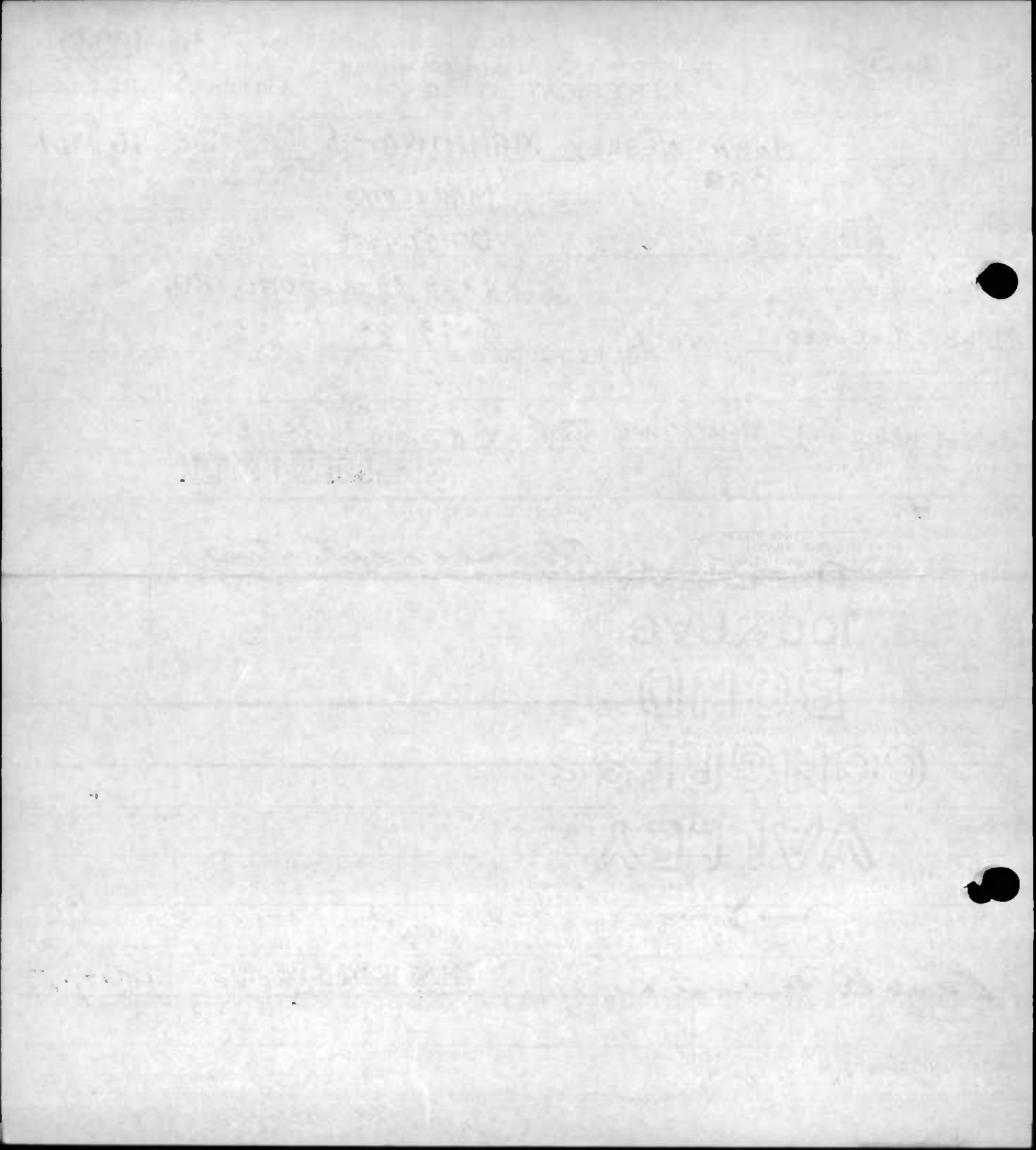
REGISTRAR'S SIGNATURE

Huntington Hill

25. FUNERAL DIRECTOR

ADDRESS

CHAS. G. COOPER-512 CARROLLTON AV.



400
51 10936BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10936

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <u>Whalen Ball</u>		2. DATE OF DEATH <u>12/15/1951</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Balto: City</u>		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bar-Wil-Ba Convalescent Home</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>			
Length of stay in Baltimore <u>30 Yrs.</u> Yrs. <u>30</u> Mos. <u>0</u> Days <u>0</u>		D. STREET ADDRESS (If rural, give location) <u>2134 McElderry Street</u> <u>7-13</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Col.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July-25-1895</u>	9. AGE (In years last birthday) <u>62</u>	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Baugh Chemicals</u>		11. BIRTHPLACE (State or foreign country) <u>White Stone Virginia</u>	
13. FATHER'S NAME <u>Ralph Ball</u> (M)		14. MOTHER'S MAIDEN NAME <u>Henretta ?</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <u>Berthia Ball 609 N. Charles Street</u>	
18. <u>491X I</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Brandenburg Pneumonia</u> DUE TO <u>and Hepatitis with</u> DUE TO <u>neuritis</u> DUE TO <u>neuritis</u>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <u>15 days</u> <u>60 days</u>	
19. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>12/11/1951</u> to <u>12/15/1951</u> , that I last saw the deceased alive on <u>12/15/1951</u> , and that death occurred at <u>7 A.M.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Jas P. Blake</u>		23B. ADDRESS <u>1603 N. Caroline</u>		23C. DATE SIGNED <u>12/18/51</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>12/19/1951</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Mt Calvary Cem.</u>	
24D. LOCATION (City, town, or county) (State) <u>Brooklyn Md.</u>		25. FUNERAL DIRECTOR <u>Thayer, Wilson</u>		ADDRESS <u>1000 Buntly Ave</u>	

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CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH, SUPERVISOR

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CAUSE OF DEATH

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51 10937

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10937

Registered No.

BIRTH NO. 49-11191

1. NAME OF DECEASED (Type or Print) Walter L. Wilkes		2. DATE OF DEATH Dec 15, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 5-01	
D. STREET ADDRESS (If rural, give location) 1311 E. Lexington Street		E. LENGTH OF STAY IN BALTIMORE Life	
5. SEX Male	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH May-26-1949
9. AGE (In years last birthday) 2		10. UNDER 1 YEAR Months: Days	11. UNDER 24 HOURS Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY Baby	
11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Roy Lee Wilkes		14. MOTHER'S MAIDEN NAME Lynnia Monk	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Roy Lee Wilkes		ADDRESS 1311 E. Lexington St	

18. **E916.0**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Carbon Monoxide Poisoning**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

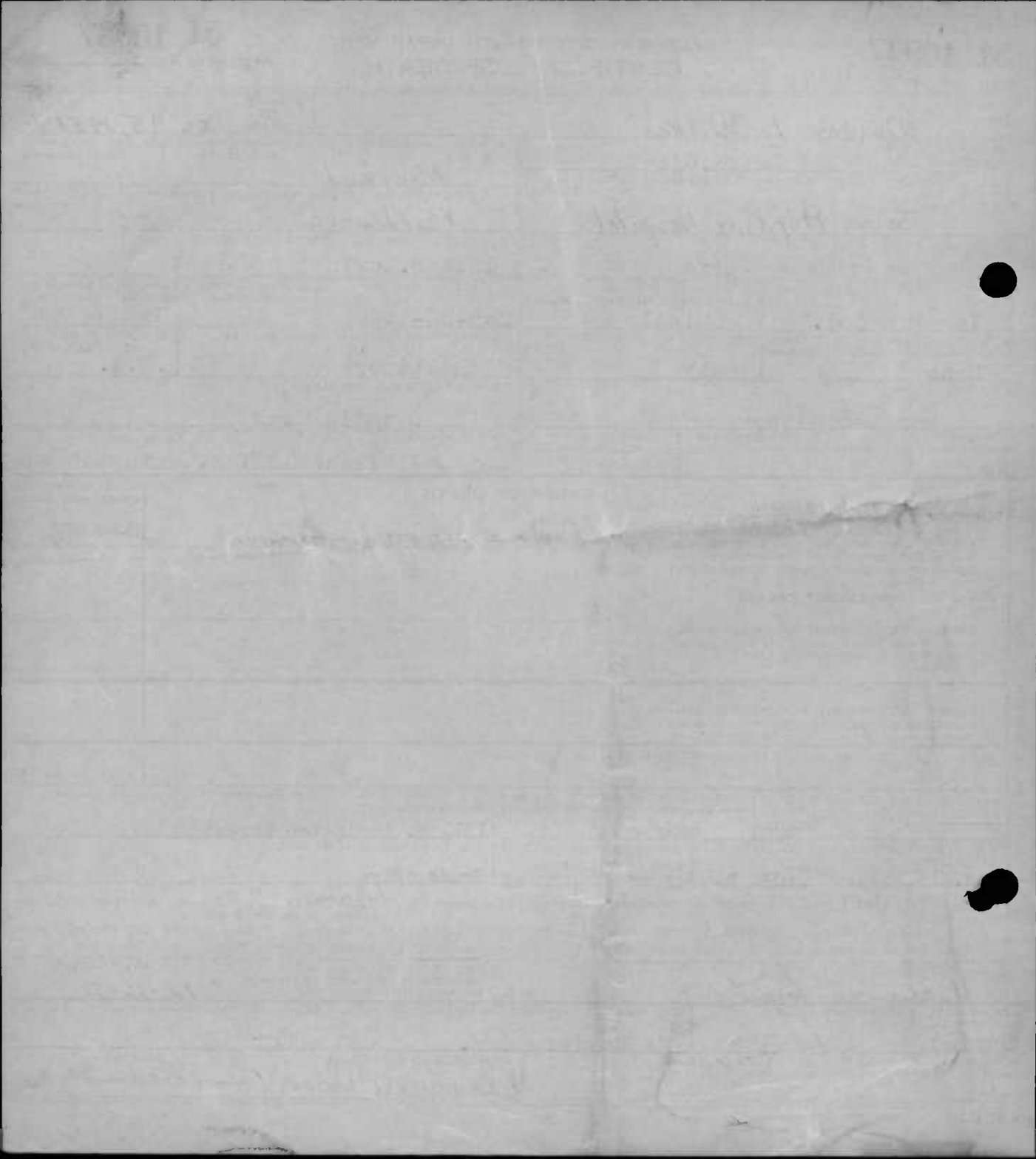
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1311 E. Lexington Street
21D. TIME (Month) (Day) (Year) (Hour) Dec. 15, 1951 2:03 P.M.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? House afire

I certify that I took charge of the remains described above, held an **Inspection** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William V. Smith	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED 12-16-51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12/20/1951	24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.
24D. LOCATION (City, town, or county) (State) Brooklyn Md	25. FUNERAL DIRECTOR Elwyn Wilkes / 1000 Brantly Ave	

DATE RECEIVED BY LOCAL REGISTRAR
DEC 18 1951REGISTRAR'S SIGNATURE
Walter L. Wilkes

ADDRESS



425-
51 10938BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 10938

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Richard Neilson

2. DATE
OF
DEATH

12-17-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTEMercy Hospital
Life 2

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland Anne Arundel
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Severna Park

D. STREET ADDRESS (If rural, give location)

Earleigh Heights

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

Oct 4, 1951

9. AGE (In years,
last birthday)Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

24

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Richard O. Neilson

14. MOTHER'S MAIDEN NAME

Mildred Swartz

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Multiple Lung Abscess

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Bronchopneumonia 2 weeks

DUE TO

(C)

11
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 13, 1951, to Dec 17, 1951, that I last saw the
deceased alive on Dec 17, 1951, and that death occurred at 10:45A, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

12-18-51

Green Haven

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Hillman, Jr.

R. J. Singleton

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

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33
51 10939BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10939

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Josephine Fertitta		2. DATE OF DEATH DEC 15 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 5301 Maple Ave.,		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, 27-17	
D. STREET ADDRESS (If rural, give location) 5301 Maple Ave.,			
5. LENGTH OF STAY IN BALTIMORE 50 years		Yrs. Mos. Days	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH July 23, 1882
9. AGE (In years last birthday) 69		10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	
11. BIRTHPLACE (State or foreign country) Italy		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Charles Cacamise,		14. MOTHER'S MAIDEN NAME unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT Miss Concetta Fertitta, 5301 Maple Ave.		ADDRESS	
18. 4201 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis DUE TO Coronary Arteriosclerosis Arteriosclerotic Cardiac Vaso. Dis. DUE TO Generalized Arteriosclerosis Compulsive Heart Failure INTERVAL BETWEEN ONSET AND DEATH 4 days ? 2 days			
II DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Dec. 13 , 1951, to Dec. 15 , 1951, that I last saw the deceased alive on Dec. 15 , 1951, and that death occurred at 7 Pm. , from the causes and on the date stated above.			
23A. SIGNATURE K. Kulevitz		23B. ADDRESS 244 N. Hilton St.,	
23C. DATE SIGNED Dec. 18 1951			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE DEC 19 1951	
24C. NAME OF CEMETERY OR CREMATORY Cathedral Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 19 1951		REGISTRAR'S SIGNATURE Wm. J. Williams, Jr.	
25. FUNERAL DIRECTOR Vernon Lemmon		ADDRESS 4611 Park Heights Ave.	

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51 10940BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10940

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Cora Balis.

2. DATE
OF
DEATH

12-13-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, or institution; residence before admission)
A. STATE Md. B. COUNTY City.B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

718-N. Fulton Ave.

C. CITY OR TOWN

Baltimore 1604

Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

718-N. Fulton Ave.

5. SEX

J. Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

2-14-1869

9. AGE (In years
last birthday)

82

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Berkley

14. MOTHER'S MAIDEN NAME

Maranda

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give major dates of service)

no no

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

William Balis - Fulton Ave.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Cardiac failure

DUE TO

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Senility

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Hypertensive Cardiac Disease 4 yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the
deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE

N. Louis Jones

M. D.

23B. ADDRESS

1100 Davis Hill Ave.

23C. DATE SIGNED

12/14/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12-18-51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary

24D. LOCATION (City, town, or county)

Cedar Hill

DATE RECEIVED BY
LOCAL REGISTRAR

EC1 91951

REGISTRAR'S SIGNATURE

W. Halstead

25. FUNERAL DIRECTOR

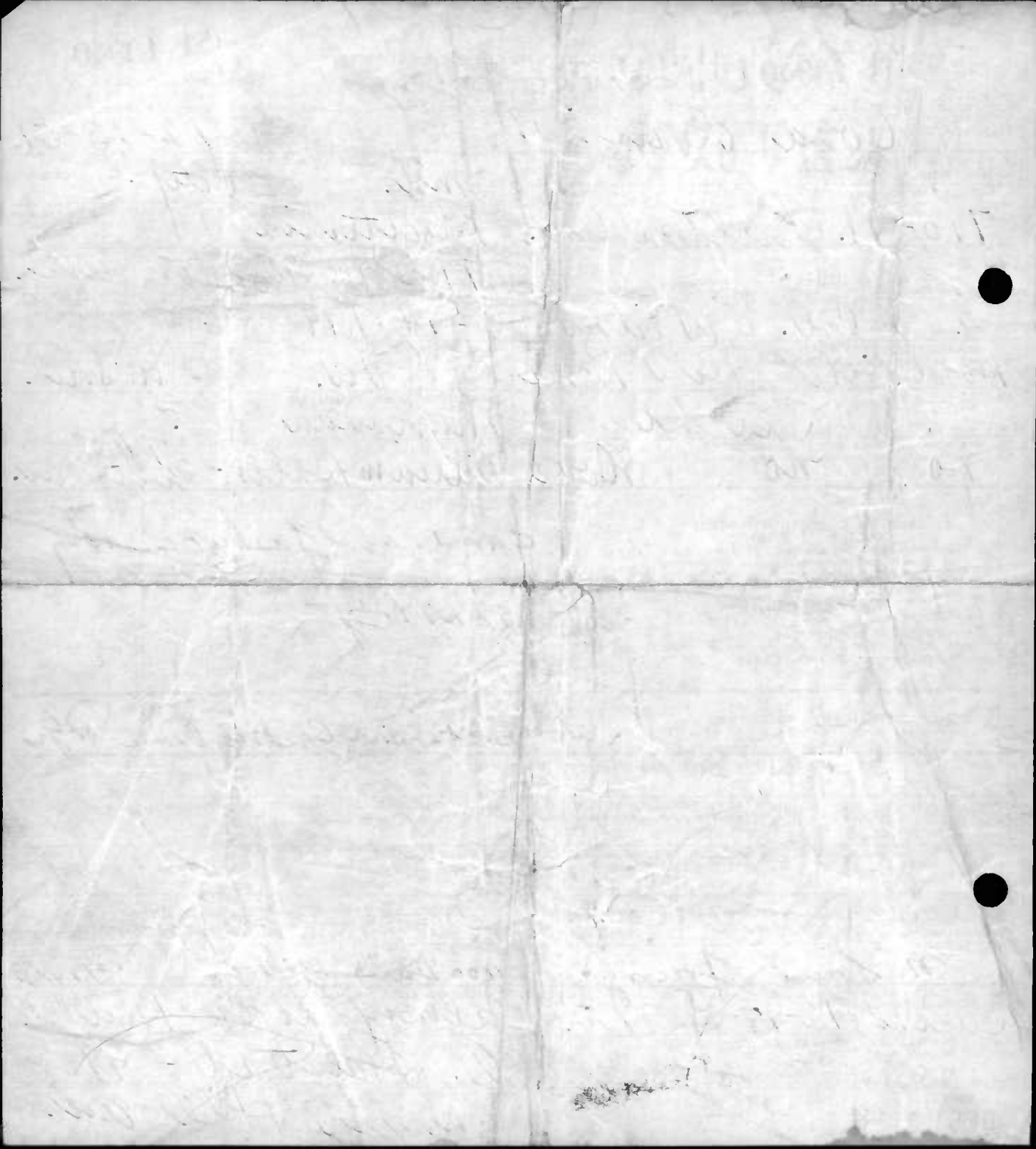
W. Halstead

ADDRESS

93D Union Hill Ave.

VS 150

DEC 1 91951



51 10941

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10941
Registered No.BIRTH NO. *D. 100*1. NAME OF DECEASED
(Type or Print)*MARTIN DUFFY*2. DATE
OF
DEATH*12-16-51*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

MD.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

2017 W. SARATOGA ST. 20-01

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

*W*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*MARRIED*

8. DATE OF BIRTH

*FEB. 14, 1897*9. AGE (In years
last birthday)*54*10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*LABORER*10B. KIND OF BUSINESS OR
INDUSTRY*FIREMAN-BLDG.*

11. BIRTHPLACE (State or foreign country)

*IRELAND*12. CITIZEN OF
WHAT COUNTRY?*U.S.A.*

13. FATHER'S NAME

PATRICK

14. MOTHER'S MAIDEN NAME

*MARY MCCARTHY*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)*No*16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

*Mrs. Margaret Duffy 2017 W. Saratoga St.*18. *331X I* CAUSE OF DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Hemorrhage

DUE TO

ANTECEDENT CAUSES

(B)

Arteriosclerosis

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH*24 hrs*DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK22. I hereby certify that I attended the deceased from *Aug*, 1951, to *Dec 16*, 1951, that I last saw the
deceased alive on *Aug 30*, 1951, and that death occurred at *5:10* m., from the causes and on the date stated above.

23A. SIGNATURE

McCollins

M. D.

23B. ADDRESS

3321 Frederick Ave

23C. DATE SIGNED

*12/17/51*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(Statd)

*Burial**12-19-51**Cathedral Am.**Beth.**md.*DATE RECEIVED BY
LOCAL REGISTRAR

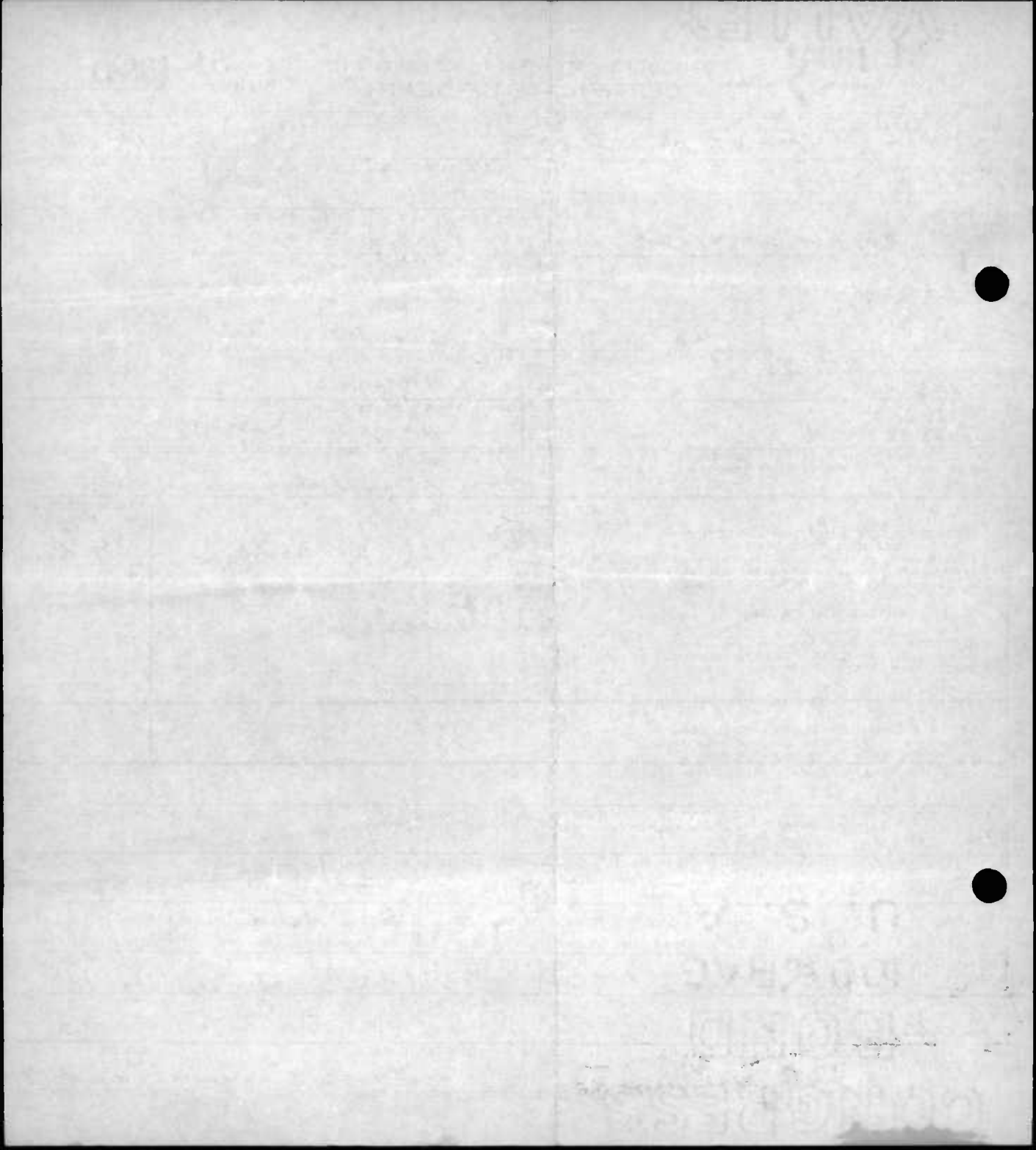
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*DEC 19 1951**William**George & Family Fulton & Fayette St.**DEC 19 1951**97074**83a*

MEDICAL CERTIFICATION



D-151
51 10942

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10942

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Davenport, Blanche

2. DATE
OF
DEATH

12.15.51

3. PLACE OF DEATH:

a. Baltimore City, Maryland

Balto.

b. FULL NAME OF
HOSPITAL OR
INSTITUTION

Provident Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Md.

B. COUNTY

before admission)

C. CITY OR TOWN

Balto.

D. STREET ADDRESS (If rural, give location)

905 Harlem Ave

16-01

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX
Fe

6. COLOR OR RACE
Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

3.5.1897

9. AGE (In years
last birthday)

54

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Queen Anne's County, Md

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Emory Goldsborough

14. MOTHER'S MAIDEN NAME

Sarah Dobson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Violet Davenport 905 Harlem Ave

18. 434.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Uremia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Chr. Nephritis

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Chr. Cong. Heart Failure

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

I hereby certify that I attended the deceased from 11-1-1951 to 12-15-1951, that I last saw the
deceased alive on 12-15-1951, and that death occurred at 8:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

G. Goniondskis

M. D.

23B. ADDRESS

Provident Hospital

23C. DATE SIGNED

12.15.51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

12-19-51

arbutus

md

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

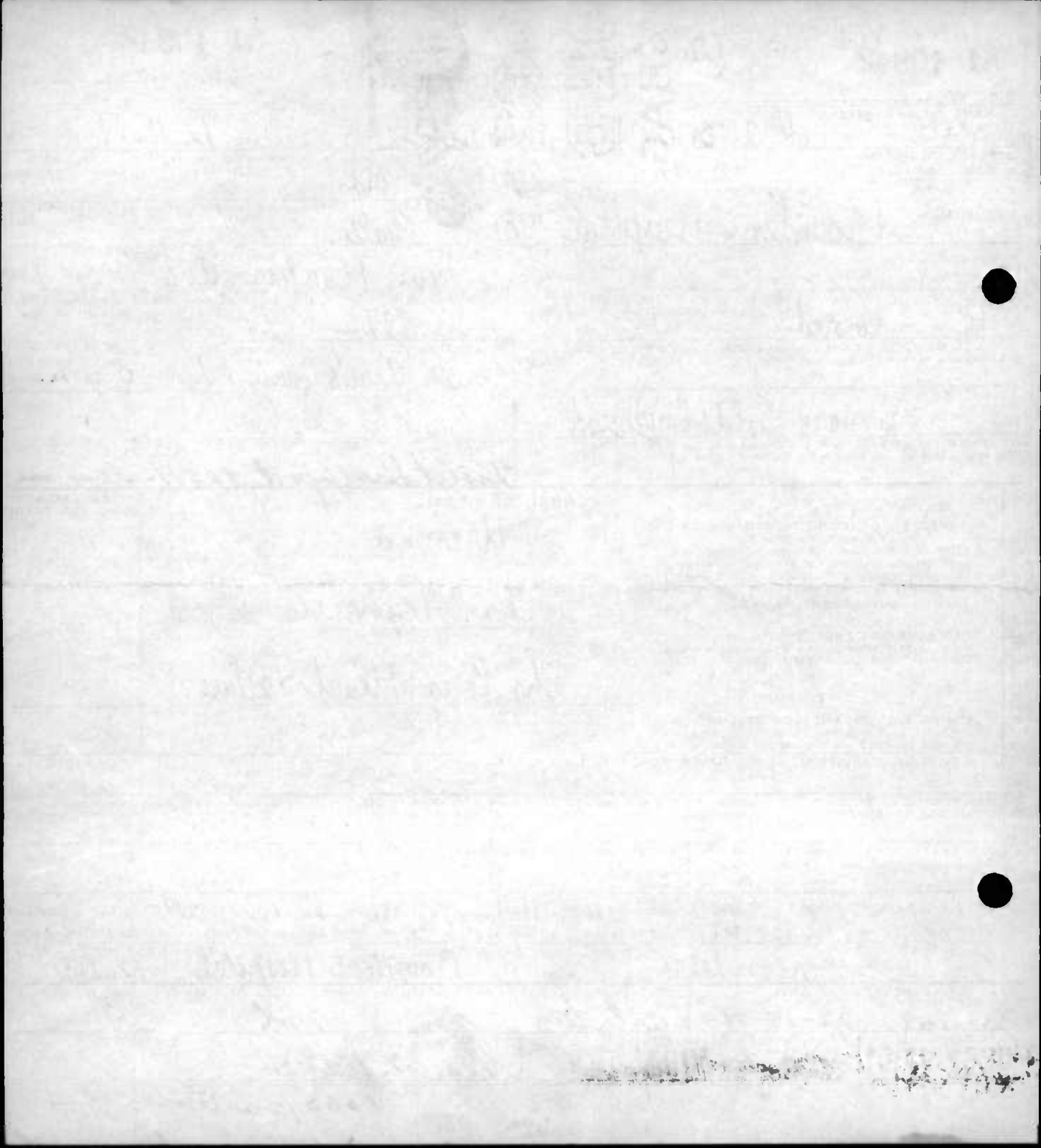
ADDRESS

DEC 19 1951

1303 Beretman St

131a

131a



51 10943

51 10943

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. *M-250*1. NAME OF DECEASED
(Type or Print)*Ida Mason*2. DATE
OF
DEATH*Dec 14, 1951*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

md

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto

D. STREET ADDRESS (If rural, give location)

*593 Baker st**14-03*

C. Length of stay in Baltimore

*Life*Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life. Even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. *331X*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from *12-11-1951*, to *12-14*, 19*51*, that I last saw the
deceased alive on *12-14*, 19*51*, and that death occurred at *9 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 19 1951

*Geo. H. Nelson**Geo. H. Nelson**1303 Pustmar st
83a*

MEDICAL CERTIFICATION

1951 JAN 10 10 10

RECEIVED

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1951 JAN 10 10 10

1951 JAN 10 10 10

1951 JAN 10 10 10

51 10944

CERTIFICATE CORRECTED

BALTIMORE CITY HEALTH DEPARTMENT
 1-10-52
 CERTIFICATE OF DEATH

51 10944

Registered No.

BIRTH NO. J-525

1. NAME OF DECEASED (Type or Print) MICHAEL JOHNSON		2. DATE OF DEATH Dec. 14, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1103 W. Mosher Street 16-01	
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH Sept 11, 1934 9. AGE (in years last birthday) 37 10. UNDER 1 Year Months: Days 11. UNDER 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto mechanic		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Michael Johnson		14. MOTHER'S MAIDEN NAME Lucy Byrd	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Roberta Phillips		ADDRESS 10037 Calhoun St	

18. 002X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary tuberculosis DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH Pulmonary tuberculosis DUE TO INTERVAL BETWEEN ONSET AND DEATH
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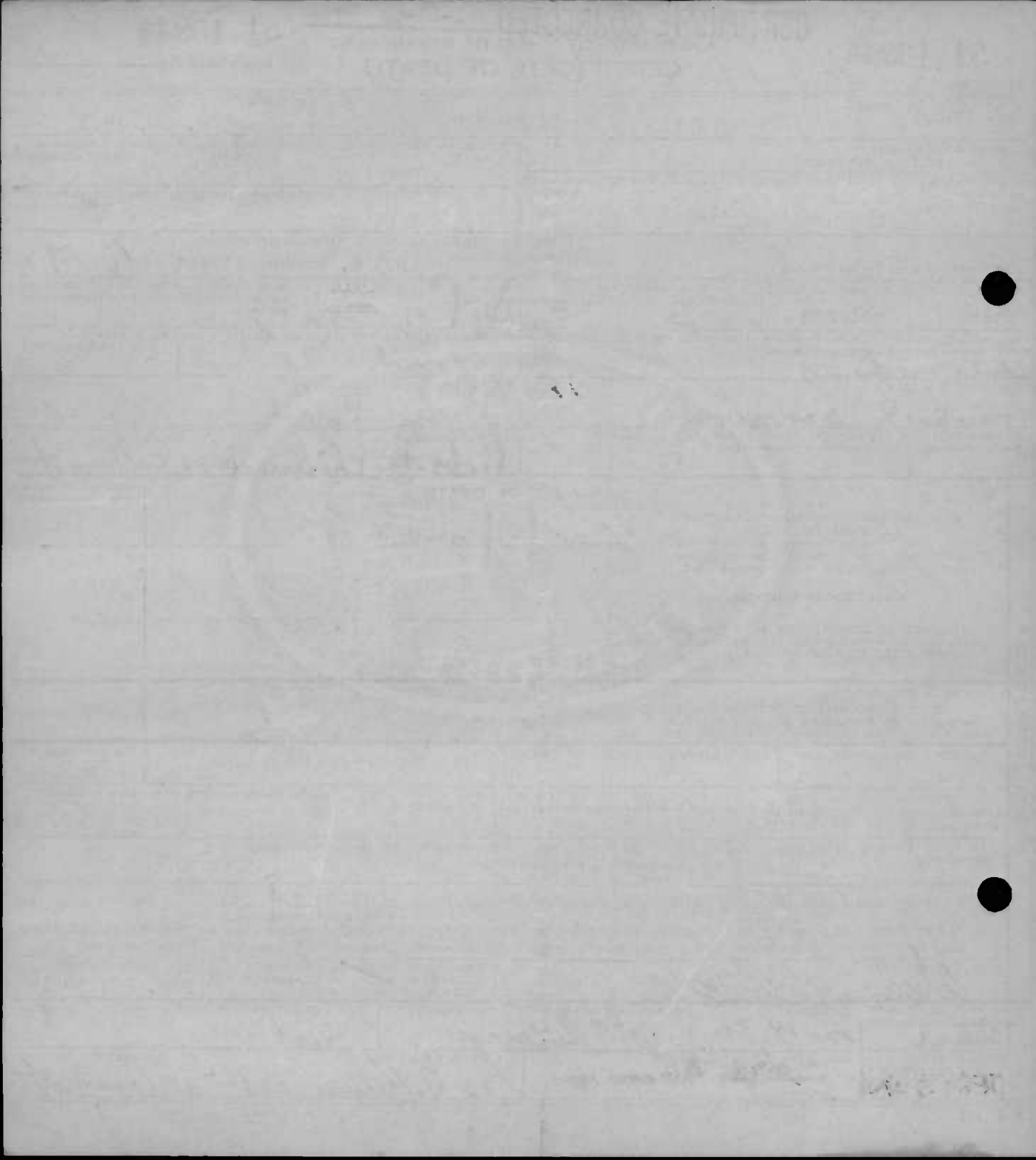
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William H. [Signature]		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Dec. 15, 1951	
---	--	---	--	--	--

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12-19-51		24C. NAME OF CEMETERY OR CREMATORY mt Auburn		24D. LOCATION (City, town, or county) (State) md	
--	--	------------------------------	--	--	--	--	--

DATE RECEIVED BY LOCAL REGISTRAR DEC 19 1951		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR Geo. S. Nelson		ADDRESS 1303 Prestman St	
--	--	---	--	---	--	------------------------------------	--



51 10945

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10945

Registered No. _____

BIRTH NO. H-6301. NAME OF DECEASED
(Type or Print)

SUSIE

HARRID

2. DATE
OF
DEATH

12-15-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Provident Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

825 N. Parrish Street

16-02

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

Jan 13, 1895

9. AGE (In years
last birthday)

56

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Pa

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

James Sampel

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Christeen Hobson 825 N. Parrish St

18. 422-1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Anteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

Williams

23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☐MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

12-16-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12-20-51

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

L. Williams

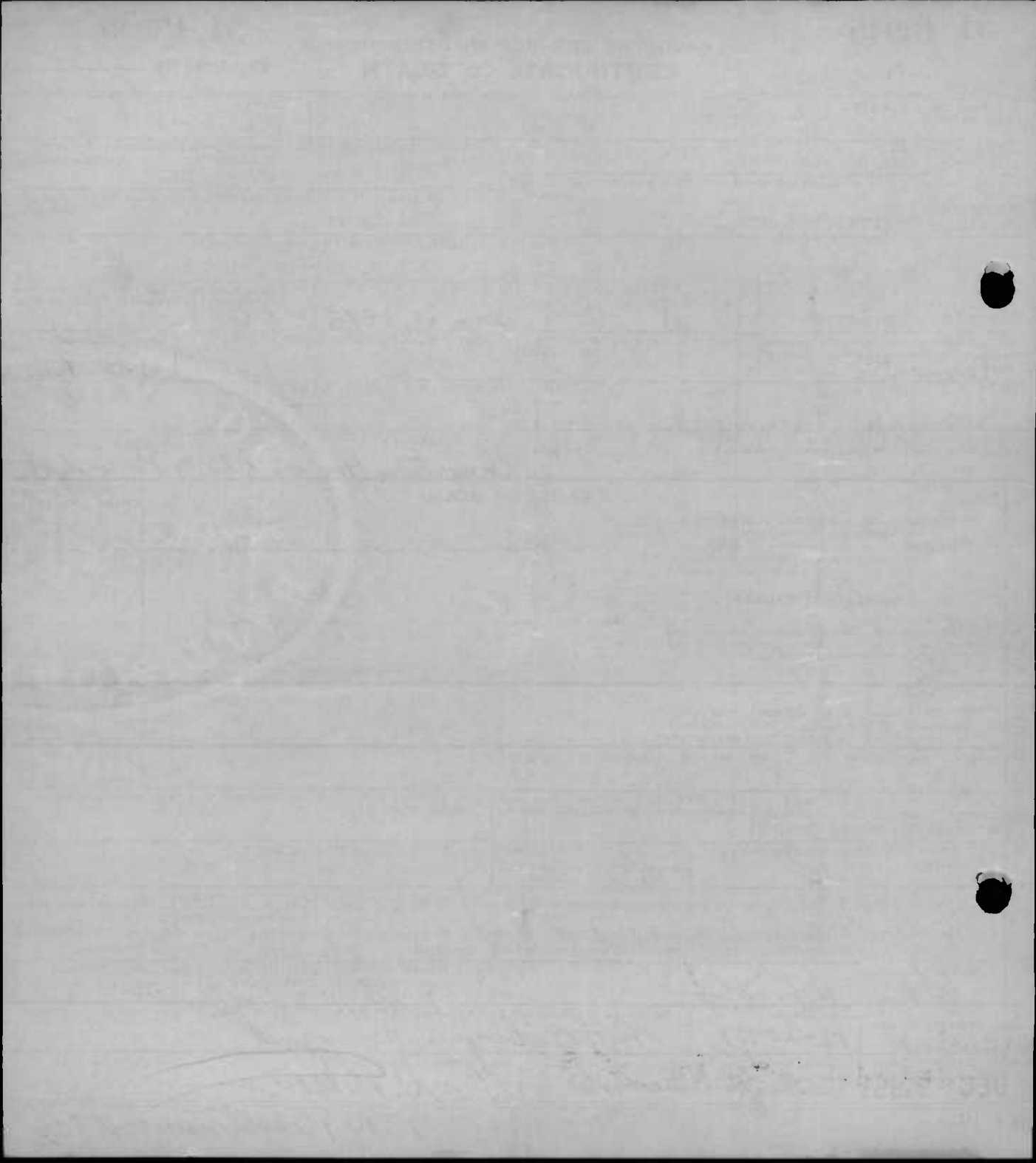
25. FUNERAL DIRECTOR

L. S. Nelson

ADDRESS

937

7208A 1303 Prestman st ✓



51 10946

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10946

Registered No.

BIRTH NO.

Q 500

1. NAME OF DECEASED
(Type or Print)

Robert W. Queen

2. DATE
OF
DEATH

12/17/57

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Provident Hosp

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

15-01

D. STREET ADDRESS (If rural, give location)

1336 Whatcoat St

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mable Queen 1336 Whatcoat St

18. E-900.0

CAUSE OF DEATH

CERTIFICATION APPROVED BY

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Septicemia -

DUE TO

CHIEF OR ASST. MEDICAL EXAMINER.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

cpr. Wound infection - decubitus ulcer

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Fractured femur & senility

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

acc.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

1336 Whatcoat St

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

11/5/1951

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR? (If fall down stairs)

fall from 3rd to 2nd floor.

22. I hereby certify that I attended the deceased from 19__, to 19__, that I last saw the deceased alive on 12/17, 19 01 and that death occurred at 5:13 p.m., from the causes and on the date stated above.

23A. SIGNATURE

John W. King, M.D.

M. D.

23B. ADDRESS

Provident Hosp

23C. DATE SIGNED

12/17/57

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12-21-51

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn

24D. LOCATION (City, town, or county)

Ind

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Lester J. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Leo S. Nelson

VS 150

N-820.1

1303 Brewsterman St
186a

MEDICAL CERTIFICATION

51 10947

51 10947

VG-154354

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

M 460

1. NAME OF DECEASED
(Type or Print)

Charles Mueller

2. DATE
OF
DEATH

Dec. 17, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTEBaltimore City Hospitals
4940 Eastern Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1308 Ballard Way, Zone #24

26-36

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

3-30-1904

9. AGE (In years last birthday)

47

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CAB DRIVER

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Charles Mueller

14. MOTHER'S MAIDEN NAME

Theresa Murphy

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Baltimore City Hospitals
Records: 4940 Eastern Avenue

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial infarction

18 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-29-1951, to 12-17-1951 that I last saw the deceased alive on 12-17-1951 and that death occurred at 3:58 A. m., from the causes and on the date stated above.

23A. SIGNATURE

J. S. [Signature]

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

12-17-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Dec. 20, 1951

Balto Cem

E. North Ave. Ext

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 19 1951

[Signature]

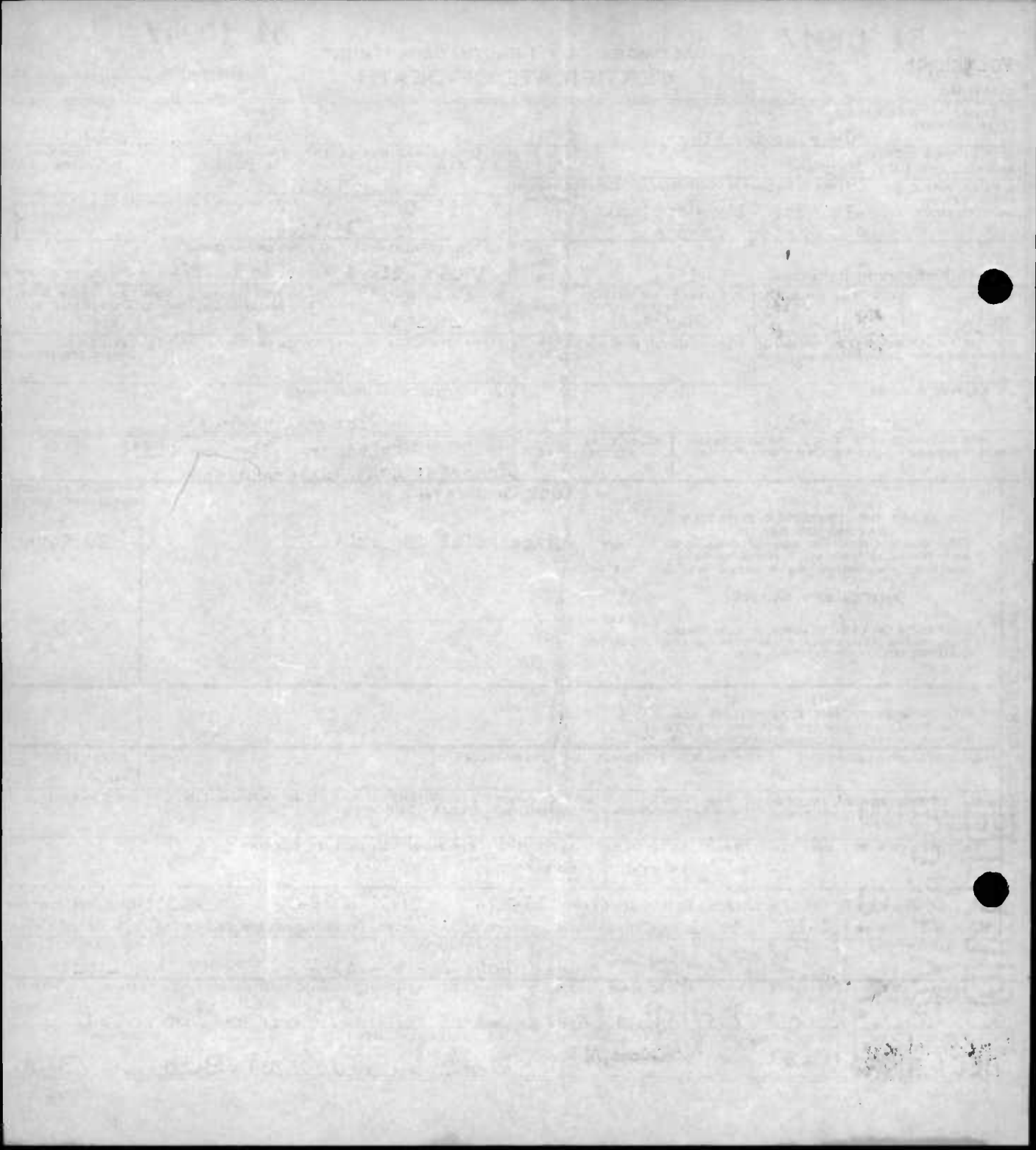
L. S. [Signature] 1701-23 N. Patterson Park

VS 150

68254

94a

MEDICAL CERTIFICATION



51 10948

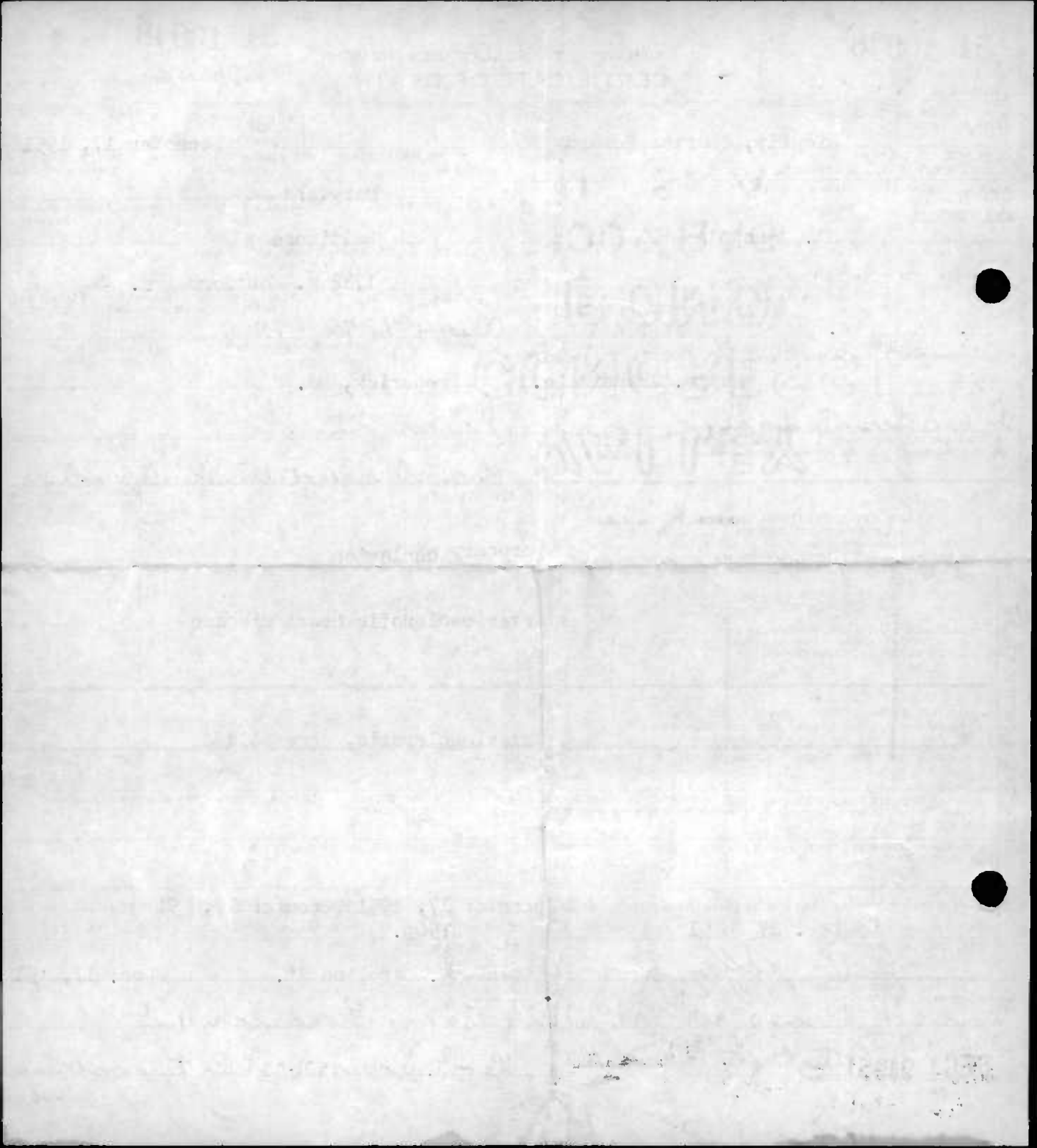
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10948

Registered No.

BIRTH NO. R324

1. NAME OF DECEASED (Type or Print) <u>Ridgely, Charles Edward</u>		2. DATE OF DEATH <u>December 17, 1951</u>	
3. PLACE OF DEATH: A. <u>Baltimore City, Maryland</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's</u>		C. CITY OR TOWN <u>Baltimore</u>	
D. LENGTH OF STAY IN BALTIMORE <u>8-02</u>		D. STREET ADDRESS (If rural, give location) <u>1712 N. Montford Ave.</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 4th 1872</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Balto. Transit Co.</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Frederick, Md.</u>	9. AGE (In years last birthday) <u>79</u>
13. FATHER'S NAME <u>Charles Ridgely</u>		14. MOTHER'S MAIDEN NAME <u>Ellen Stuhl</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT <u>Mrs. E. Ridgely</u>
18. <u>470.0 I</u>		CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <u>Coronary occlusion</u>	
DUE TO		(B) <u>Arteriosclerotic heart disease</u>	
DUE TO		(C) <u>Arteriosclerosis, generalized</u>	
19A. DATE OF OPERATION <u>D</u>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>December 17, 1951</u> to <u>December 17, 1951</u> that I last saw the deceased alive on <u>Dec. 17, 1951</u> and that death occurred at <u>1:50 p.m.</u> , from the causes and on the date stated above.			
23A. SIGNATURE <u>E. P. Coffey Jr.</u>		23B. ADDRESS <u>1400 N. Caroline St.</u>	
23C. DATE SIGNED <u>Dec. 17, 1951</u>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>Dec 20 1951</u>	
24C. NAME OF CEMETERY OR CREMATORY <u>Mt Olivet Cem</u>		24D. LOCATION (City, town, or county) (State) <u>Frederick Md</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>DEC 19 1951</u>		REGISTRAR'S SIGNATURE <u>Leo S. Cook</u>	
25. FUNERAL DIRECTOR <u>Leo S. Cook</u>		ADDRESS <u>1701-03 N. Patterson Park</u>	



51 10949

BALTIMORE CITY HEALTH DEPARTMENT

51 10949

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. S-150

1. NAME OF DECEASED
(Type or Print)

JAMES J. SPAIN JR.

2. DATE

OF

DEATH

12/14/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University

Yrs.

Mos.

Days

Length of stay in Baltimore

C. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

8/28/1900

9. AGE (In years

last birthday)

51

10 Under 1 Year

Months Days

11 Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of worklog life, even if retired)

Pipe Fitter

10B. KIND OF BUSINESS OR INDUSTRY

Koppers Co.

13. FATHER'S NAME

James J. Sr.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Family - Same

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHSymptoms
2 yrs.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐

WORK

NOT WHILE ☐

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/11, 1950, to 12/10, 1951, that I last saw the deceased alive on 12/10, 1951, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

C. Edwards Leach

M. D.

23B. ADDRESS

14 E. Eager St

23C. DATE SIGNED

12/17/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

B

24B. DATE

12/19/51

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

James L. McCully - 130 E. Fort Avenue

5743L

937

Lock
14 E. ENGER ST

C-500
51 10950BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10950

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

JOHN E. CONWAY

2. DATE
OF
DEATH

Dec. 15, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR Pine Ridge Nursing Home
INSTITUTION 4703 Hampnett Ave.4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE Md.
B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

3956 Wilsby Ave.

9-01

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Mar. 22, 1863

9. AGE (In years
last birthday)

88

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired Cabinet Maker

10B. KIND OF BUSINESS OR
INDUSTRY

J. Thomas & Sons

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

William Conway

14. MOTHER'S MAIDEN NAME

Catherine

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.
No.

17. INFORMANT

Mrs. Lillie M. Bristow 404 W. 36th St.

Wilmington, Del.
ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 1948, to Dec. 15, 1951, that I last saw the
deceased alive on Dec. 14, 1951, and that death occurred at 11:59 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

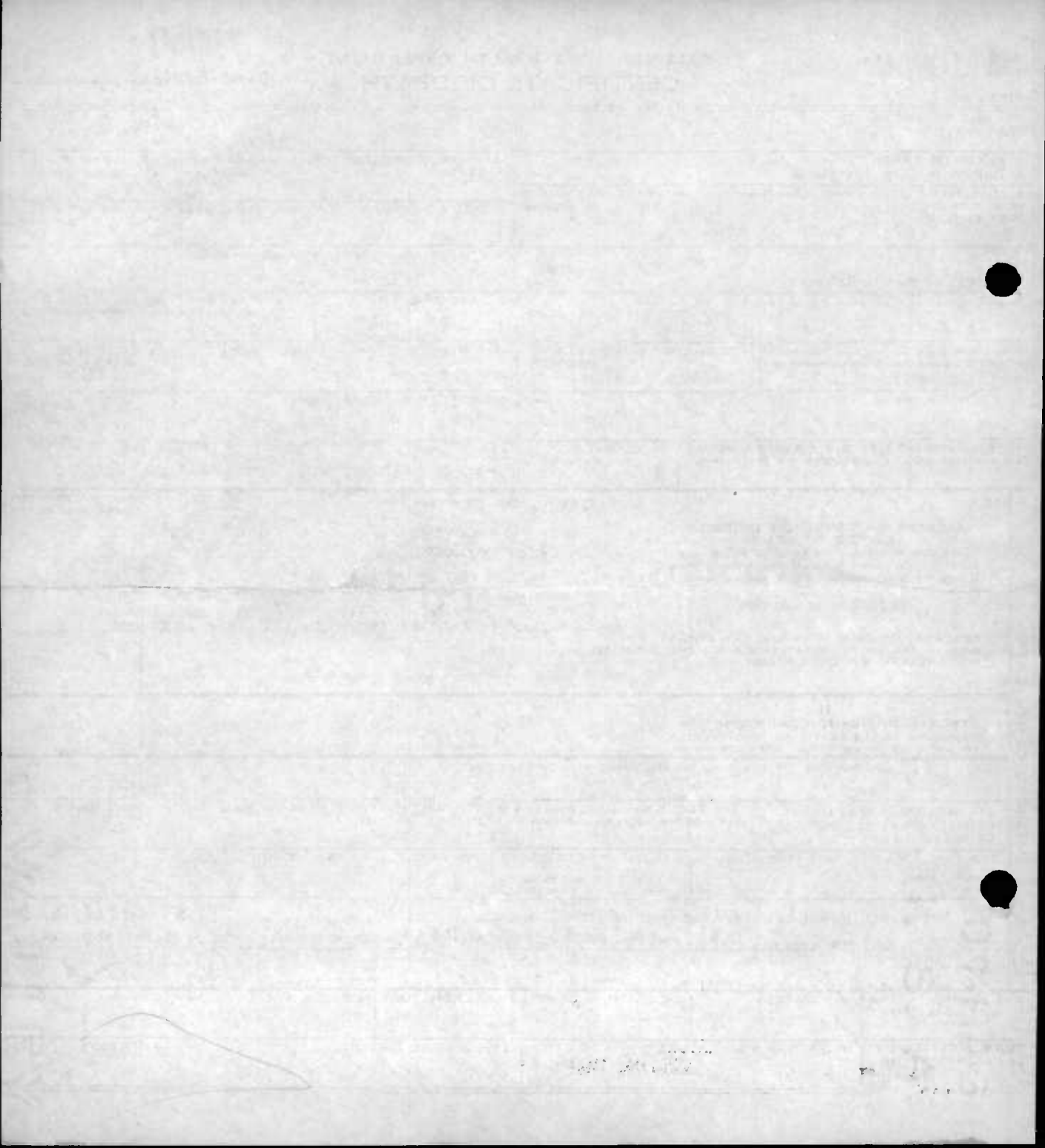
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



51 10951

ND-153971

7-460

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10951

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George Wm. Taylor

2. DATE
OF
DEATH

Dec. 17, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)Baltimore City Hospitals
4940 Eastern Avenue

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3911 Liberty Hght's Ave. (16)

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Aug. 16, 1905

9. AGE (In years
last birthday)

46

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

unknown - unemployed for 25 yrs.

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Howard Taylor

14. MOTHER'S MAIDEN NAME

Kate Easton

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.
no17. INFORMANT Baltimore City Hospitals
Records: 4940 Eastern Avenue

18.

416X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Rheumatic Heart Disease with
Congestive Failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHOver
1 Yr.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-16, 1951, to 12-17, 1951, that I last saw the
deceased alive on 12-17, 1951, and that death occurred at 8:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

C. B. Croger

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

12-17-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/20/51

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

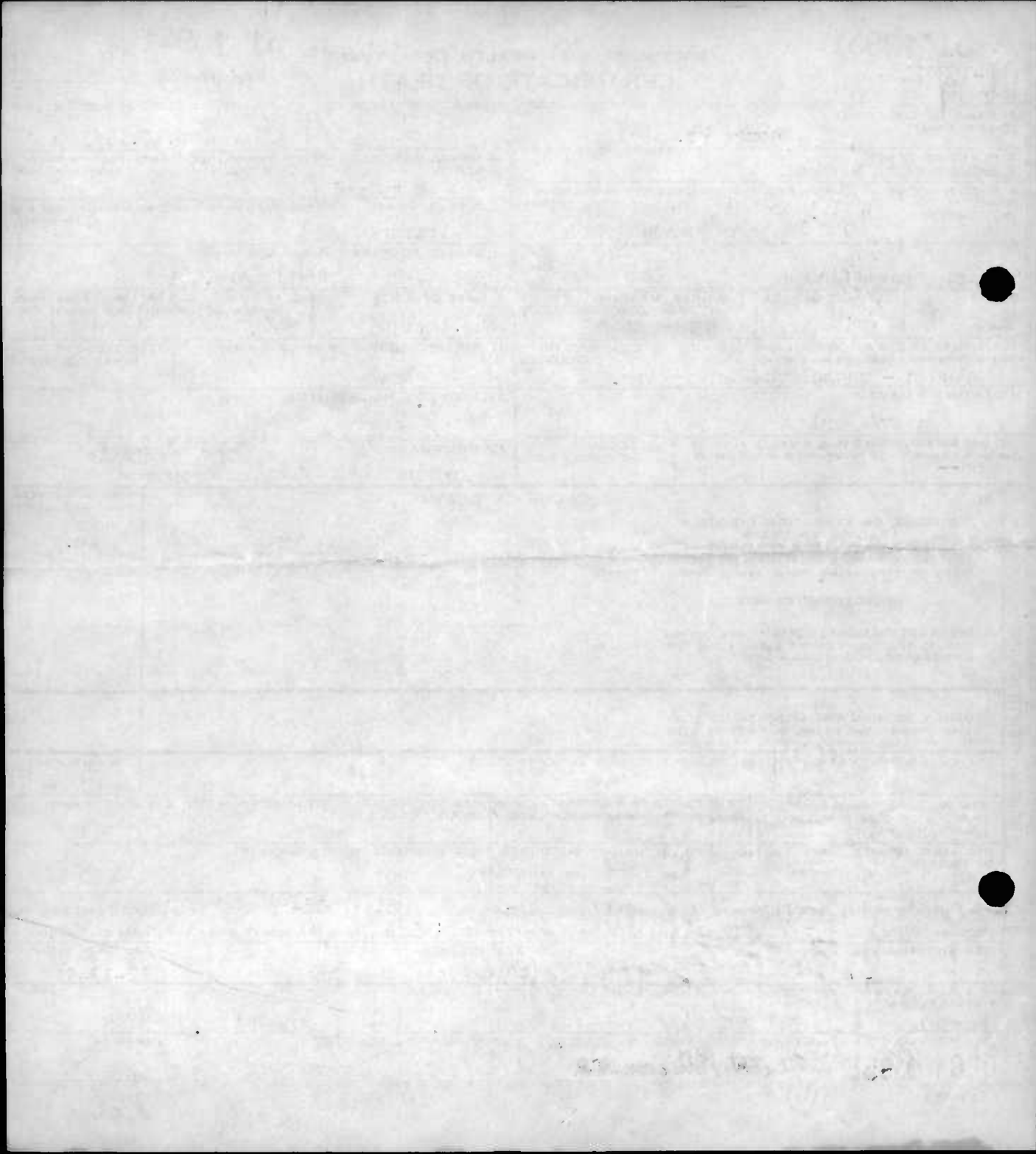
DECEASED SIGNATURE

Dr. M. J. Dickener & Sons

VS 150

Baltimore Md 9513

MEDICAL CERTIFICATION



51 10952

51 10952

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO. *H-621*1. NAME OF DECEASED
(Type or Print)

DR. LLOYD F. HARSHBERGER

2. DATE
OF
DEATH

Dec. 14, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2206 Roslyn Ave.

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX
M6. COLOR OR RACE
W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE
Md.

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2206 Roslyn Ave.

15-48

8. DATE OF BIRTH

Jan. 3, 1882

9. AGE (In years
last birthday)

69

10. Under 1 Year
Months: Days11. Under 24 hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
Dr. Dental Surgery10B. KIND OF BUSINESS OR
INDUSTRY
Self

11. BIRTHPLACE (State or foreign country)

Forkston, Pa.

12. CITIZEN OF
WHAT COUNTRY?
USA

13. FATHER'S NAME

Wilson F. Harshberger

14. MOTHER'S MAIDEN NAME

Olive M. English

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
No16. SOCIAL
SECURITY NO.
N

17. INFORMANT

ADDRESS

Mrs. Lulu M. Harshberger 2206 Roslyn Ave.

18. *4201*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Coronary occlusion

12 hr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)Coronary sclerosis
Hypertension4 yr
10 yrOTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Hypertension

8 yr

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING
CAUSE OF DEATH

none

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *11/5*, 19*48*, to *12/14*, 19*51*, that I last saw the
deceased alive on *12/14*, 19*51*, and that death occurred at *10 P.m.*, from the causes and on the date stated above.

A. SIGNATURE

Maurice Feldman

M. D.

23B. ADDRESS

The Lathrop, Charles St

23C. DATE SIGNED

12/18/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/19/51

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cem.

24D. LOCATION (City, town, or county) (State)

Woodlawn, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

DEC 19 1951

REGISTRAR'S SIGNATURE

Maurice Feldman

25. FUNERAL DIRECTOR

Wm. J. Tucker & Son Inc

ADDRESS

Belted Md

VS 150

03288

94a

MEDICAL CERTIFICATION

CONFIDENTIAL

[Faint, mostly illegible text and markings covering the page, including what appears to be a header section and several paragraphs of body text.]

51 10953

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10953
Registered No.BIRTH NO. L-1351. NAME OF DECEASED
(Type or Print)

ELMER

H.

LUPTON

2. DATE
OF
DEATH

Dec. 17, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

546 W. University Parkway

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Apr. 15, 1885

9. AGE (In years

last birthday)

66

11 Under 1 Year

Months: Days

12 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

President

10B. KIND OF BUSINESS OR INDUSTRY

Food Processing Machine

North Carolina

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Allen Lupton

Mfg. Co.

14. MOTHER'S MAIDEN NAME

Alice Hamilton

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Murtle Mae Lupton - 546 W. University

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary artery sclerosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐NOT WHILE ☐

M.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Duncanson

M.D.

23B. CHIEF MEDICAL EXAMINER..... ☐ASSISTANT MEDICAL EXAMINER..... ☒MEDICAL INVESTIGATOR..... ☐

23C. DATE SIGNED

Dec. 17, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/19/51

24C. NAME OF CEMETERY OR CREMATORY

Prospect Hill Cem.

24D. LOCATION (City, town, or county)

Towson, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 19 1951

Stanley H. Duncanson

Wm. J. Pickner & Sons

94a Balto. Md.

Wm. J. Stevenson
Bristol, Mass.

51 10954

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10954
Registered No.BIRTH NO. *N-120*

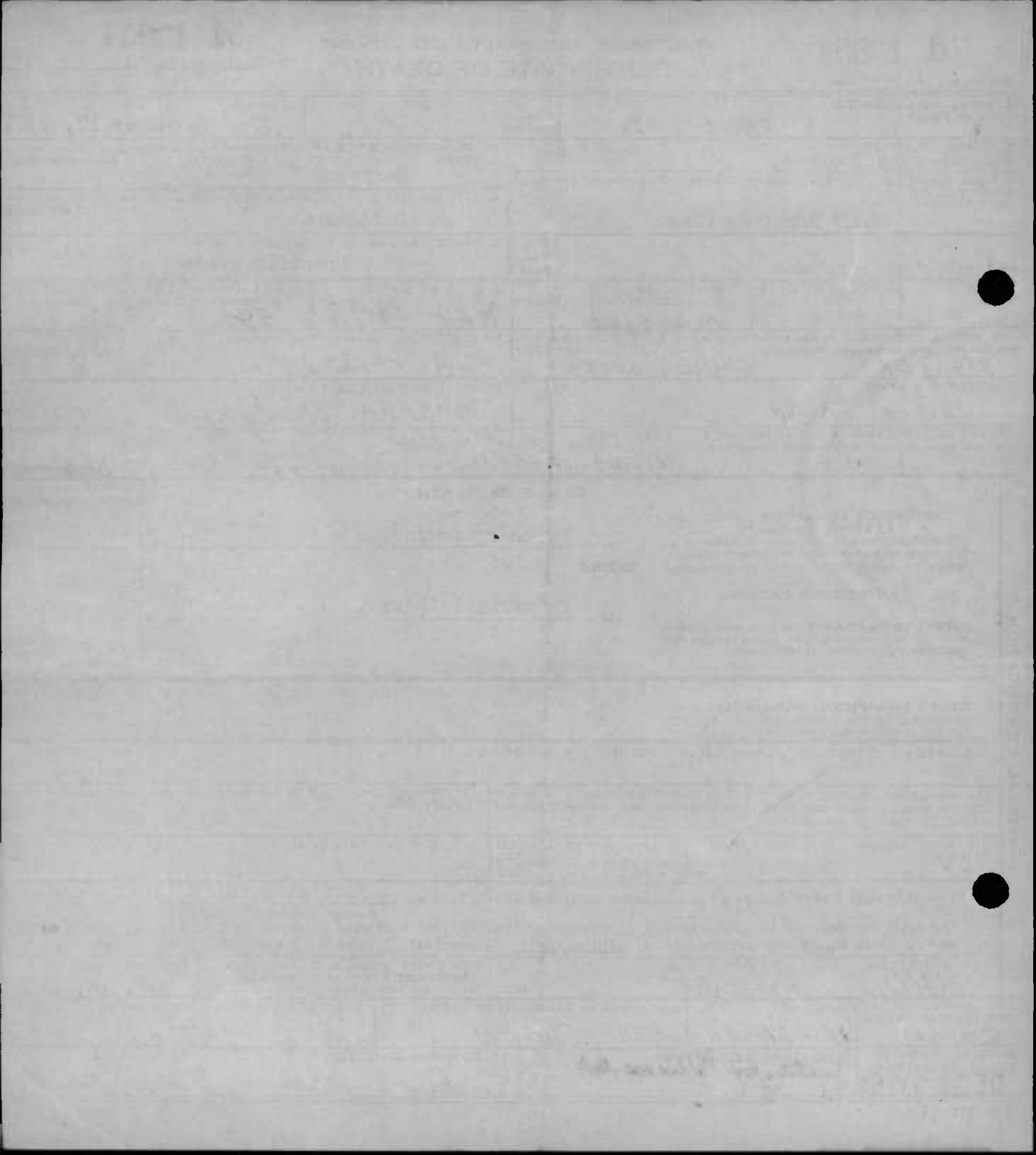
1. NAME OF DECEASED (Type or Print) JOSEPH F. NOVAK		2. DATE OF DEATH December 17, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 2207 Prentiss Place		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 2207 Prentiss Place		8-04	
5. Length of stay in Baltimore Yrs. Mos. Days		8. DATE OF BIRTH 9-26-1893	
6. COLOR OR RACE Male White		9. AGE (In years last birthday) 58	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PRESSER		10B. KIND OF BUSINESS OR INDUSTRY LADIES SUITS	
11. BIRTHPLACE (State or foreign country) BALTIMORE		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME JOSEPH NOVAK		14. MOTHER'S MAIDEN NAME BARBARA VANCURA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 218-07-0646	
17. INFORMANT BARBARA NOVAK		ADDRESS 2207 PRENTIS PLACE	

18. 4201 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary occlusion (A) XXXXX ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Myocardial infarct (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William Wood</i>	23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>	23C. DATE SIGNED Dec. 18, 1951
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 12-21-51	24C. NAME OF CEMETERY OR CREMATORY HOLY REDEEMER
DATE RECEIVED BY LOCAL REGISTRAR DEC 19 1951	REGISTRAR'S SIGNATURE <i>Frank Brackston</i>	25. FUNERAL DIRECTOR Frank Brackston 900 G. E. Center
ADDRESS		BALTIMORE MD



51 10955

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10955

Registered No.

BIRTH NO. K-415

1. NAME OF DECEASED (Type or Print) Joseph Philip			2. DATE OF DEATH 12/17/51		
3. PLACE OF DEATH A. Baltimore City, Maryland Oct 6			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MD		
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 8-04		
D. STREET ADDRESS (If rural, give location) 2230 Kennewan ave			E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 6-1-'74	9. AGE (In years last birthday) 77	10. UNDER 1 Year Months _____ Days _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labarer			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) MD			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME John K Philip			14. MOTHER'S MAIDEN NAME Josephine		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. 219-05-5134		
17. INFORMANT JOHNS HOPKINS HOSPITAL			ADDRESS		

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 151X	CAUSE OF DEATH Neoplasm of gastrointestinal tract probably of stomach with metastases to liver and spinal cord	INTERVAL BETWEEN ONSET AND DEATH 1 year
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Anteriosclerotic cardiovascular disease	DUE TO Unknown.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION None	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH No accident	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **12-15-**, 19**51**, to **12-17-**, 19**51**, that I last saw the deceased alive on **12-17-**, 19**51**, and that death occurred at **11:40 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE Thomas E. Van Meter, M.D.	23B. JOHNS HOPKINS HOSPITAL	23C. DATE SIGNED 17 Dec 51
--	------------------------------------	--------------------------------------

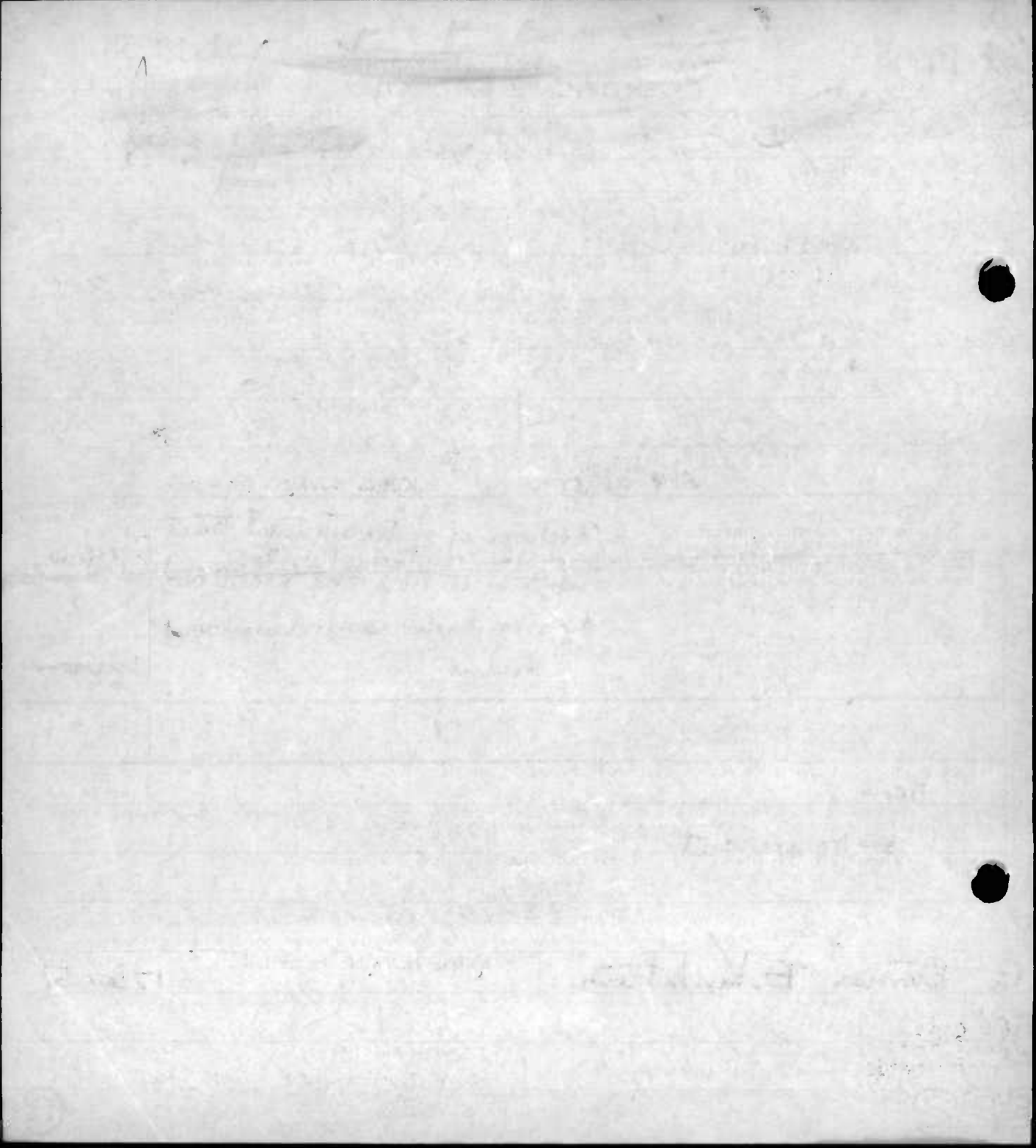
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 12-20-51	24C. NAME OF CEMETERY OR CREMATORY HOLY REDEEMER	24D. LOCATION (City, town, or county) (State) BALTIMORE MD
--	------------------------------	--	--

DATE RECEIVED BY LOCAL REGISTRAR DEC 19 1951	REGISTRAR'S SIGNATURE Frank Cwach & Son	25. FUNERAL DIRECTOR FRANK CWACH & SON 900 N. CHESTER ST	ADDRESS
--	---	--	---------

DEC 19 1951

4613

MEDICAL CERTIFICATION



452
51 10956

51 10956

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 3698

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Annie Williams</i>		2. DATE OF DEATH <i>Dec-15-1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1134 Whatecoat St</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> COUNTY <i>Baltimore</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>Baltimore Md</i>			
5. Length of stay in Baltimore <i>40</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>1134 Whatecoat St 1602</i>			
6. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>1881</i>	9. AGE (In years last birthday) <i>70</i>	If Under 1 Year Months: Days: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Prince George Co Md</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>William Culver</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT <i>Gladys Conway</i>		ADDRESS <i>1134 Whatecoat St</i>	
18. <i>422 v 1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Myocarditis</i> (A) DUE TO		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <i>3 years</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>1-1-1948</i> to <i>12-15-1951</i> , that I last saw the deceased alive on <i>12-14-1951</i> , and that death occurred at <i>7:30 P.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Frank Saunders</i> M. D.		23B. ADDRESS <i>1029 N. Stricker St.</i>		23C. DATE SIGNED <i>12-18-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Dec-19-51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt Auburn</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>		25. FUNERAL DIRECTOR <i>Brooks Ruggold</i>		ADDRESS <i>1463 N. Carey St</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 19 1951</i>		REGISTRAR'S SIGNATURE <i>William Williams</i>			

100.0000

100.0000

100.0000

100.0000



To be approved by the Medical Examiner

51 10957

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Robert Lee Price

2. DATE
OF
DEATH

Dec. 16-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 218 S. Gilman St

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

19-04-

D. STREET ADDRESS (If rural, give location)

218 S. Gilman St

Length of stay in Baltimore

8 1/2 mos -

Yrs.
Mos.
Days

SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug. 23-1888

9. AGE (In years
last birthday)

80

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Ret. machinist

10B. KIND OF BUSINESS OR
INDUSTRY

Bto. R.R.

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Geo. J. Price

14. MOTHER'S MAIDEN NAME

Sarah Wilett

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mirada Price 218 S. Gilman St

18. 4221

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Arteriosclerotic Cardiovascular Disease unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

CERTIFICATION APPROVED BY

(C) DUE TO

Williams, M.D.
CHIEF OR ASST. MEDICAL EXAMINERII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 12-16, 1951, to 12-16, 1951, that I last saw the
deceased alive on 12-1-51, 19, and that death occurred at 11 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Nathan Racine

23B. ADDRESS

M. D.

206 S. Gilman St

23C. DATE SIGNED

12-16-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12-19-51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cem

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Curtis J. Williams, M.D.

25. FUNERAL DIRECTOR

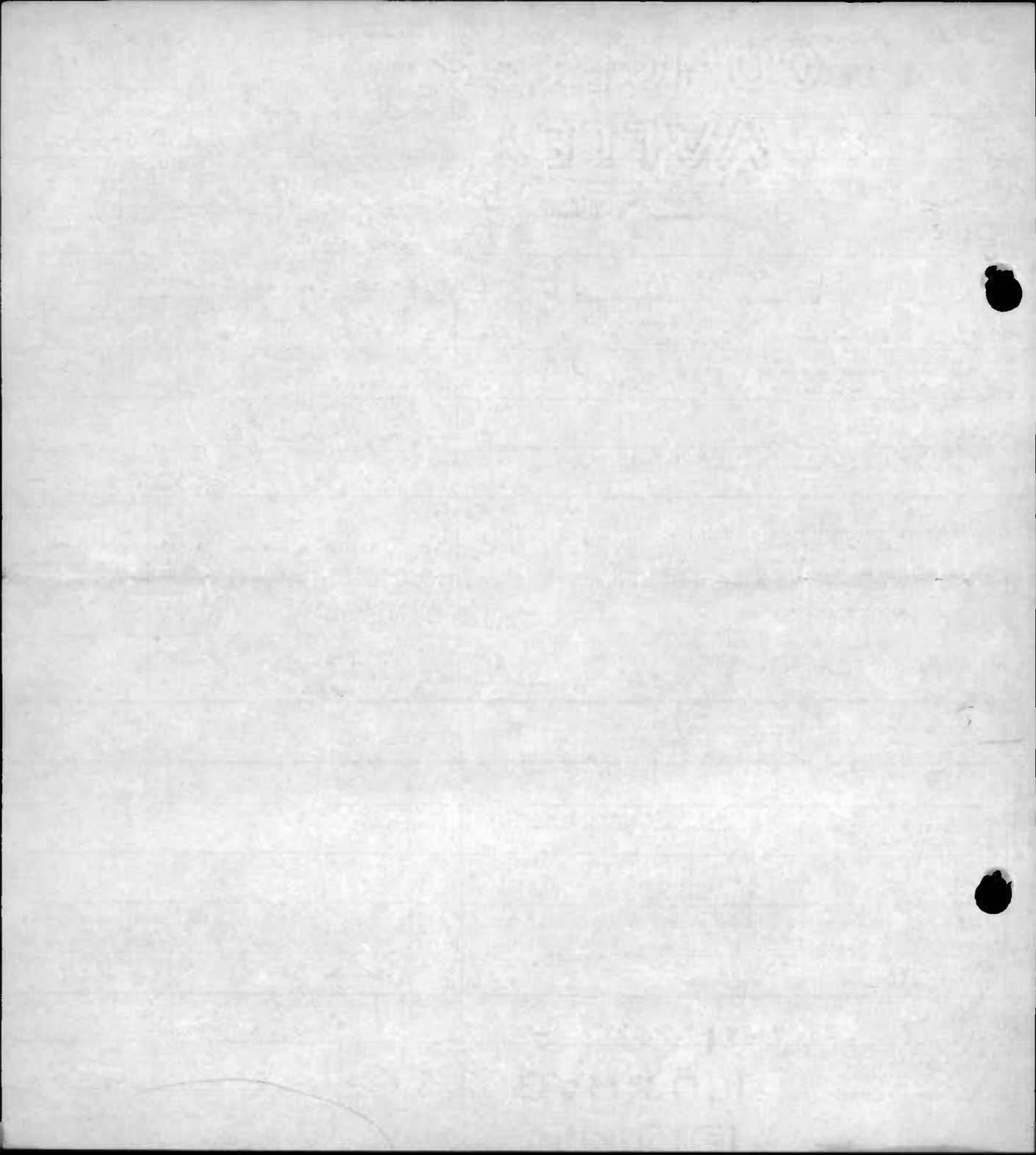
ADDRESS

Geo. R. Berger Jr, 1512 Hollins

VS 150

931 26

MEDICAL CERTIFICATION



-450
51 10958BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10958

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		John A. Million		2. DATE OF DEATH Dec. 18, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland 834 S. Bond St.				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY 834 S. Bond St.	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Md. 2-02	
Length of stay in Baltimore 37 yrs. Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 834 S. Bond St.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr. 1, 1885	9. AGE (in years last birthday) 66	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stewart		10B. KIND OF BUSINESS OR INDUSTRY Merchant Marine		11. BIRTHPLACE (State or foreign country) Lithuania	
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME Michael Million		
14. MOTHER'S MAIDEN NAME Mary----			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO. 084-14-9309			17. INFORMANT ADDRESS Katharena Million, 834 S. Bond St. . 31		

1B. 442 x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) Hypertensive cardiac vascular dis. DUE TO 2 yrs.	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO	
(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 17, 1951, to Dec 18, 1951, that I last saw the deceased alive on Dec 17, 1951, and that death occurred at 6:55 A. M., from the causes and on the date stated above.

23A. SIGNATURE Dr. D. L. Lippert	23B. ADDRESS 426 S. Patterson Park Ave.	23C. DATE SIGNED 12/18/51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Dec. 22, 1951	24C. NAME OF CEMETERY OR CREMATORY Oak Lawn Cem.
24D. LOCATION (City, town, or county) Balto. Md.		25. FUNERAL DIRECTOR ADDRESS 2024 Orleans St. 31

DATE RECEIVED BY LOCAL REGISTRAR
DEC 19 1951
REGISTRAR'S SIGNATURE
Huntington Williams, M.D.
764 55

9

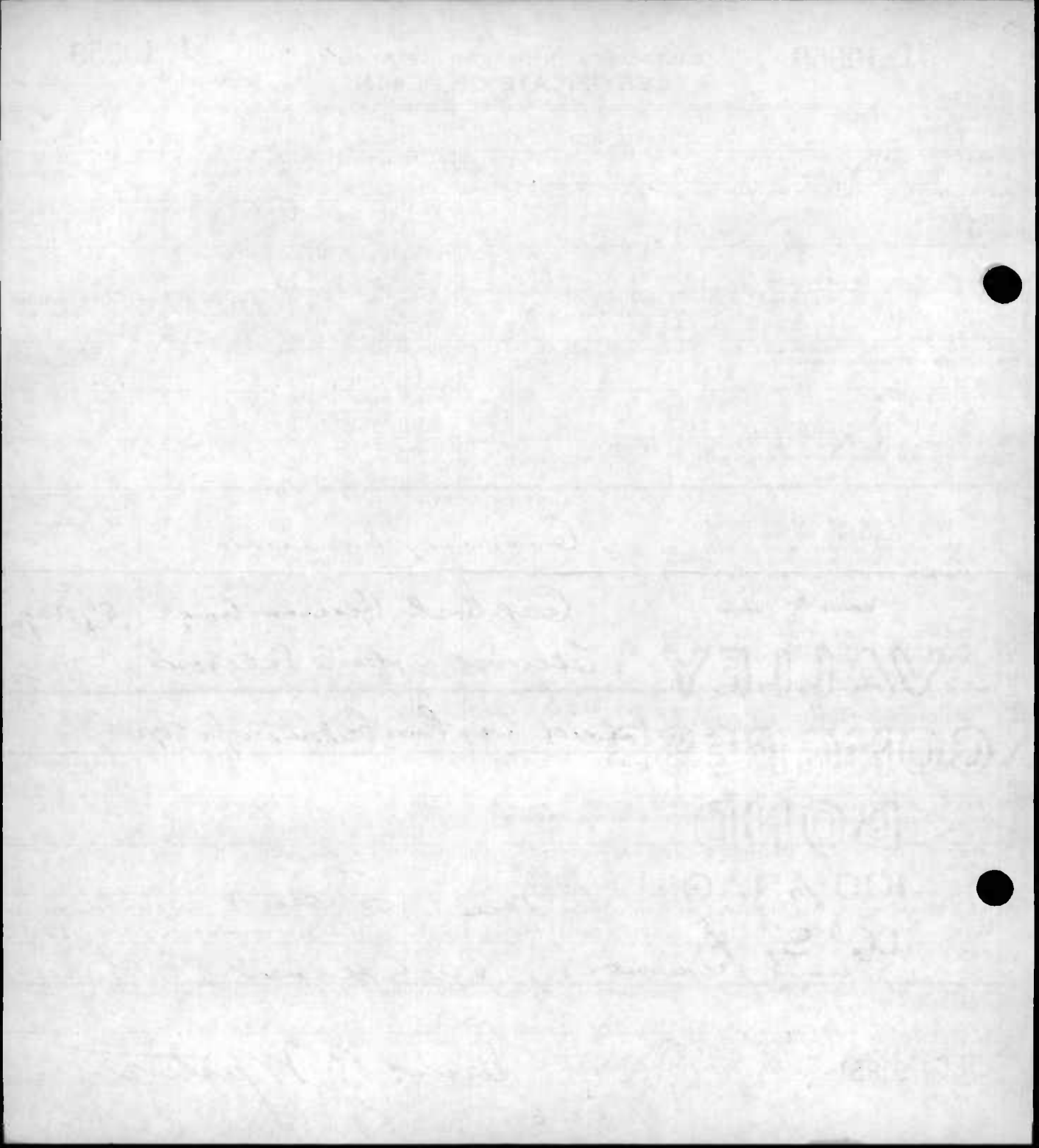


525
51 10959BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10959
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Albert Benswanger		2. DATE OF DEATH Dec. 18, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland Marlborough Apts.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore C. CITY OR TOWN Baltimore (If outside corporate limits, write RURAL and give township) 14-61			
B. FULL NAME OF HOSPITAL OR INSTITUTION		D. STREET ADDRESS (If rural, give location) 1701 Eutaw Pl.			
Length of stay in Baltimore life		Yrs. Mos. Days			
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Sept 30, 1871	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		9. AGE (in years last birthday) 78 If Under 1 Year: Months 2 Days 18 If Under 24 Hours: Hours 18 Min.	
13. FATHER'S NAME David Benswanger		11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Elizabeth Prag	
17. INFORMANT Mrs. Sara Benswanger-1701 Eutaw Pl.		ADDRESS			

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Occlusion DUE TO Cerebral Hemorrhage DUE TO Severe atherosclerosis DUE TO Papain has been used for 3 yrs		INTERVAL BETWEEN ONSET AND DEATH a few hours 5 yrs ago 10 yrs ago
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Tue , 19 50 , to Dec 18 , 19 51 , that I last saw the deceased alive on Dec 14 , 19 51 , and that death occurred at 3a m., from the causes and on the date stated above.					
23A. SIGNATURE Benn F. Leager		23B. ADDRESS 116 E. Eutaw		23C. DATE SIGNED 12/18/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24B. DATE Dec 20, 1951		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Crematory Frederick Rd.	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		25. FUNERAL DIRECTOR David R. Martin		ADDRESS 1902 EUTAW PLACE	



H00
51 10960BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10960
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHRISTOPHER B. BELL

2. DATE
OF
DEATH

Dec. 17, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

727 GLENWOOD AVE.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MD.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTO.

27-10

D. STREET ADDRESS (If rural, give location)

727 GLENWOOD AVE.

Length of stay in Baltimore

17 YRS.

Yrs.
Mos.
Days

SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

ENGINEER

10B. KIND OF BUSINESS OR INDUSTRY

POWER PLANT

13. FATHER'S NAME

THOMAS BELL

8. DATE OF BIRTH

APRIL 16, 1987

9. AGE (In years last birthday)

64

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

SCOTLAND

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

MARY BOYDE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

213-03 9418

17. INFORMANT

JOAN J. MCCREADIE

ADDRESS

SAME

18.

023X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Ischemic Aortitis

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

? 2 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 2, 1951, to Dec 17, 1951, that I last saw the deceased alive on Dec 17, 1951, and that death occurred at 4:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

[Signature]

M. D.

23B. ADDRESS

6217 Harford Rd

23C. DATE SIGNED

12/18/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

12-19-1951

24C. NAME OF CEMETERY OR CREMATORY

MORELAND MEMORIAL

24D. LOCATION (City, town, or county)

BALTO. Co.

(State)

MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

H.W. JENKINS & Sons Co. 4905 York Rd

ADDRESS

VS 150

0498Y

300

DR. E. J. ALESSI

6217 HARFORD RD

51 10961

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10961

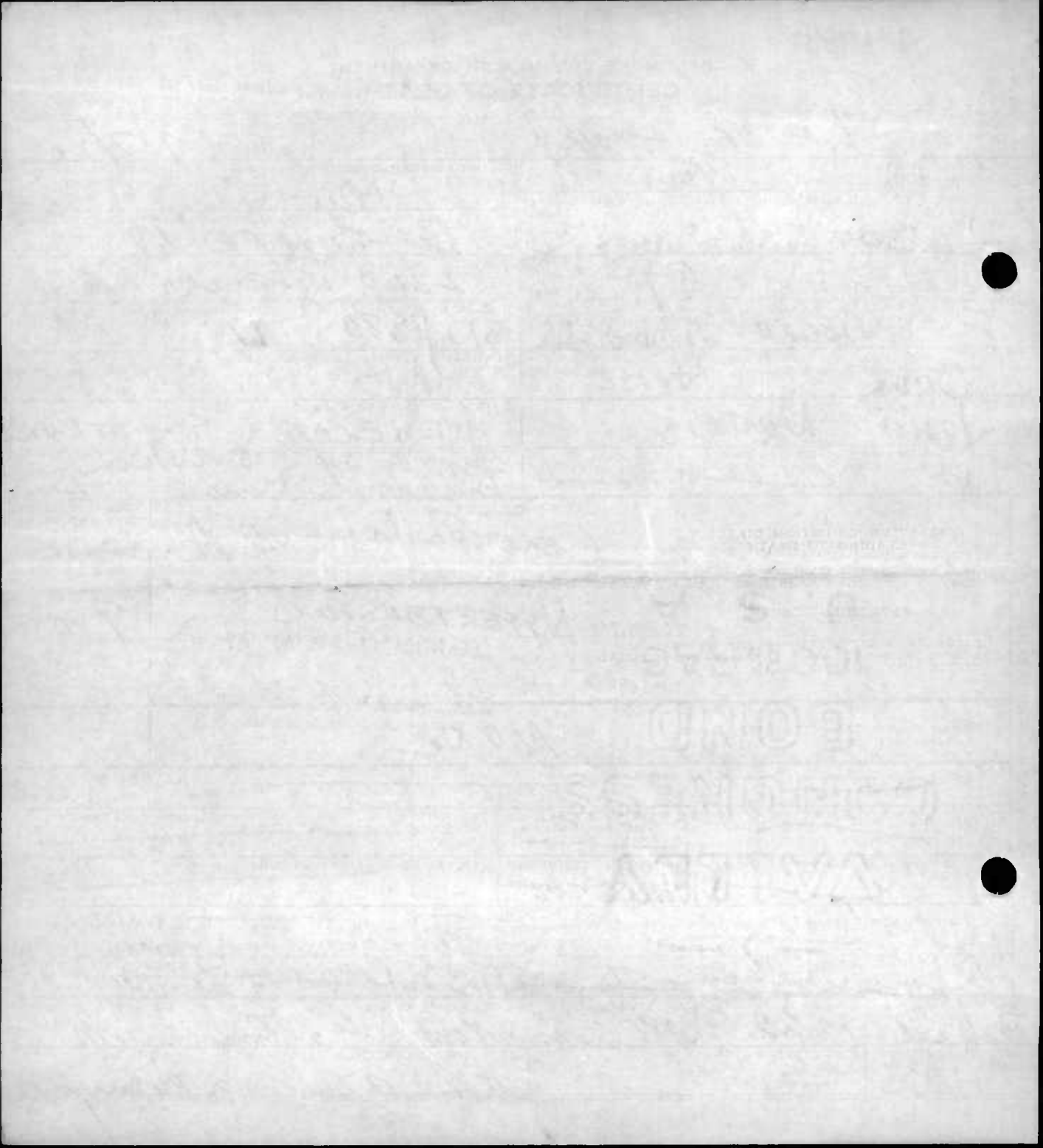
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) LAURA HENRY			2. DATE OF DEATH 12-7-51		
3. PLACE OF DEATH: A. Baltimore City, Maryland 13ALT.			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MD. B. COUNTY 12-04		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 2300 Barclay St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 18		
C. Length of stay in Baltimore 59 Days			D. STREET ADDRESS (If rural, give location) 2300 BARCLAY ST.		
5. SEX F	6. COLOR OR RACE NEGRO	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 3/1/1880		9. AGE (In years last birthday) 71
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COOK		10B. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (State or foreign country) MD.		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME JOHN NORRIS			14. MOTHER'S MAIDEN NAME REBECCA (? - NOT KNOWN)		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. 3100	17. INFORMANT Miss Anita Henry		

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CEREBRO-VASCULAR AC.	CAUSE OF DEATH CEREBRO-VASCULAR AC.	INTERVAL BETWEEN ONSET AND DEATH 3 WK
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. HYPERTENSION	(A) DUE TO (B) DUE TO (C) DUE TO	9 YRS
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. NONE		CERTIFICATION APPROVED BY William G. Jackson M.D. CHIEF OF ASST. MEDICAL EXAMINER.

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21F. HOW DID INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) 12-20-51	21E. INJURY OCCURRED WHILE AT WORK	21G. INJURY OCCURRED WHILE AT WORK		21H. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12A m., from the causes and on the date stated above.					
23A. SIGNATURE Gene Williams II		23B. ADDRESS 1113 N. CAROLINE ST.		23C. DATE SIGNED 12/17/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12-20-51	24C. NAME OF CEMETERY OR CREMATORY MT. Auburn Cem	24D. LOCATION (City, town, or county) (State) Baltimore Md		
DATE RECEIVED BY LOCAL REGISTRAR 12-21-51		REGISTRAR'S SIGNATURE Huntington Williams, Md		25. FUNERAL DIRECTOR William G Jackson 96 Penna. ave	



-610

51 10962

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10962
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ELLEN C. GROSS 2. DATE OF DEATH 12-18-51

3. PLACE OF DEATH: A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE MD B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location) 157 S. COLLINS AVE C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 20-08

Length of stay in Baltimore 54 Yrs. 54 Mos. 54 Days 157 S. COLLINS AVE

5. SEX FEMALE 6. COLOR OR RACE White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH Aug 6-1887 9. AGE (in years last birthday) 64 If Under 1 Year Months: Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stew. 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) IRELAND 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME JAMES N. PATTERSON 14. MOTHER'S MAIDEN NAME ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) No 16. SOCIAL SECURITY NO. None 17. INFORMANT Kathryn A. Hickman ADDRESS 157 COLLINS AVE

18. 181X CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Carcinomatous DUE TO INTERVAL BETWEEN ONSET AND DEATH 6 mo

ANTECEDENT CAUSES (B) Carcinoma of Urinary Bladder DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐ 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1948, to 12/18, 1951, that I last saw the deceased alive on 12/17, 1951, and that death occurred at 2:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE H. H. Crumley M. D. 23B. ADDRESS 4209 Hudsonian 23C. DATE SIGNED 12/18/51

24A. BURIAL, CREMATION, REMOVAL (Specify) Buried 24B. DATE 12-20-51 24C. NAME OF CEMETERY OR CREMATORY LONDON PARK 24D. LOCATION (City, town, or county) (State) Balto MD

DATE RECEIVED BY LOCAL REGISTRAR DEC 19 1951 REGISTRAR'S SIGNATURE Wm. Williams, M.D. 25. FUNERAL DIRECTOR Walter C. Walder ADDRESS 5212 3517 Frederick AVE.

MEDICAL CERTIFICATION

9000

9000



51 10963

435

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10963
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) FLORENCE WESLEY CLAYTON		2. DATE OF DEATH Dec. 18, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY 22-02			
B. FULL NAME OF HOSPITAL OR INSTITUTION 707 S. Fremont St		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 707 S. Fremont St			
5. SEX Female	6. COLOR OR RACE Col	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Nov-1881	9. AGE (In years, last birthday) 70	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MD	
12. CITIZEN OF WHAT COUNTRY? U.S.A		13. FATHER'S NAME William Hammond		14. MOTHER'S MAIDEN NAME Elizabeth Dixon	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Charles Hammond 801 Ridgely	
18. 446X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage DUE TO My per ten sum neglect DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12/16, 1951 , to 12/18, 1951 , that I last saw the deceased alive on 12/18, 1951 , and that death occurred at 4:30 m., from the causes and on the date stated above.					
23A. SIGNATURE James A. Hayes		23B. ADDRESS 122 W. See St		23C. DATE SIGNED 12/19/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec. 20, 1951		24C. NAME OF CEMETERY OR CREMATORY Mt Auburn	
24D. LOCATION (City, town, or county) (State) Baltimore		25. FUNERAL DIRECTOR ADDRESS James A. Hayes 638 N. Palmer St			

REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF HEALTH
BUREAU OF MENTAL HEALTH
DIVISION OF MENTAL HEALTH SERVICES
OFFICE OF THE DIRECTOR
MANILA

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DIVISION OF MENTAL HEALTH SERVICES
OFFICE OF THE DIRECTOR
MANILA

530
51 10984BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10984

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George Hunt

2. DATE
OF
DEATH

12/5/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3117 Glendale Ave

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md - Balto. City

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto 27-05

D. STREET ADDRESS (If rural, give location)

3117 Glendale Ave

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

6/25/1884

9. AGE (in years

last birthday)

10. Under 1 Year

11. Under 24 Hours

Months: Days

Hours: Min.

67

11. BIRTHPLACE (State or foreign country)

Balto. Co. Md.

12. CITIZEN OF

WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

? Hunt

14. MOTHER'S MAIDEN NAME

Sarah Pearce

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Thelma Sweetney 45072 Luthian Rd

18. 420.1.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Acute myocardial dilatation

6 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

Coronary occlusion

21 days

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from Nov. 24, 1951, to Dec. 15, 1951, that I last saw the
deceased alive on Dec. 15, 1951, and that death occurred at 11:25 P. M., from the causes and on the date stated above.

23A. SIGNATURE

A. M. Bacon

M. O.

23B. ADDRESS

2810 Taylor Ave.

23C. DATE SIGNED

12/17/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/20/51

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Parkville, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

W. Cook Inc. 1217 St. Paul St.

ADDRESS

RECEIVED
JAN 20 1900

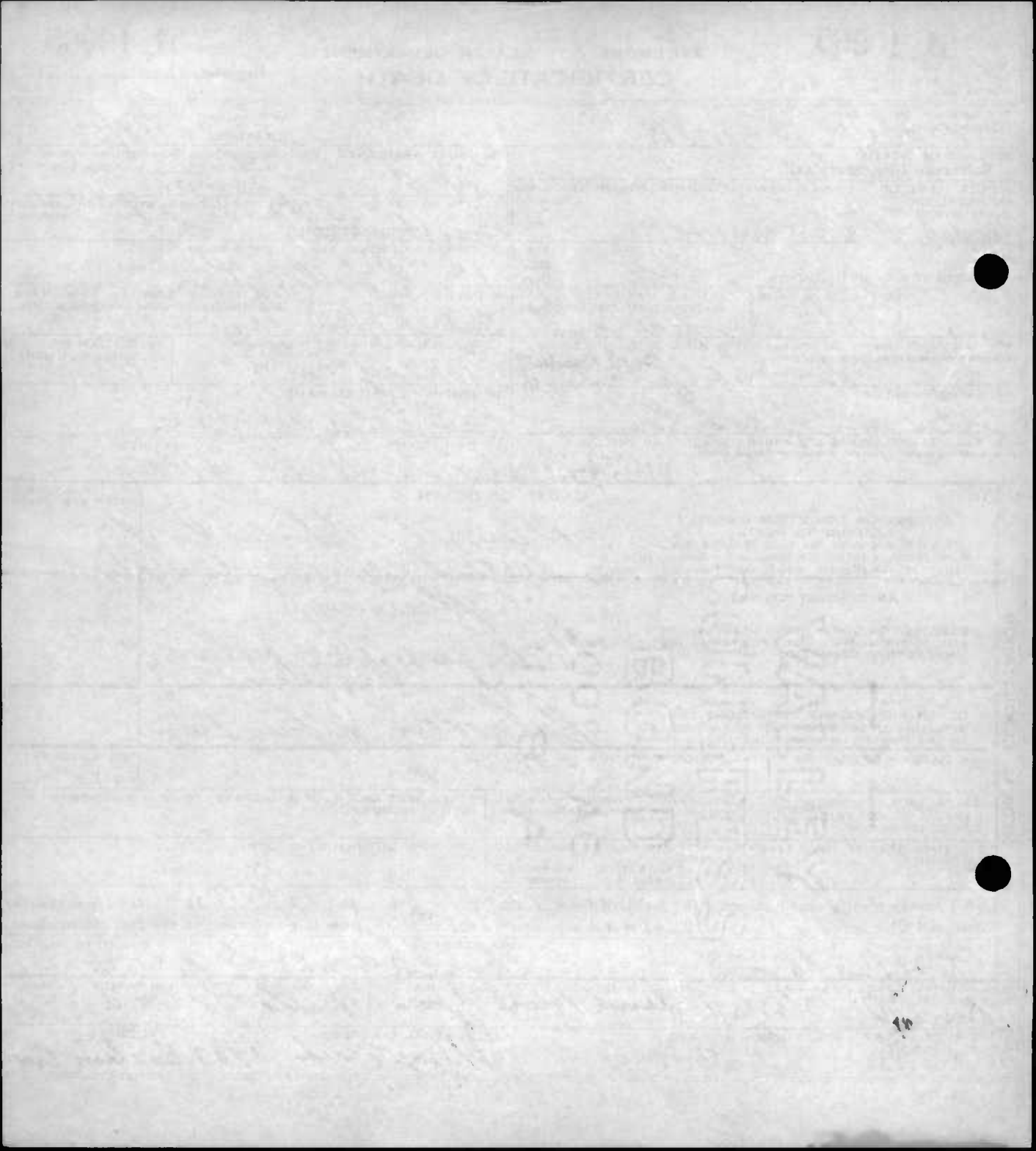
WATKINS
CONGREGATIONAL
BOND
JAN 20 1900

51 10965
240
BIRTH NO.FRANCIS GECKLE
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 10965

1. NAME OF DECEASED (Type or Print) <i>Geckle, Francis</i>			2. DATE OF DEATH <i>12/17/51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>Balto.</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>35 Church Home & Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
D. LENGTH OF STAY IN BALTIMORE <i>Life</i>			E. STREET ADDRESS (If rural, give location) <i>147 Poplar Rd 5300</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>March 7, 1910</i>	9. AGE (In years last birthday) <i>41</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Bookkeeper</i>			11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		
10B. KIND OF BUSINESS OR INDUSTRY <i>Book Industry</i>			12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		
13. FATHER'S NAME <i>George Geckle</i>			14. MOTHER'S MAIDEN NAME <i>Katzenberger, Rose</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>?</i>			16. SOCIAL SECURITY NO. <i>21F-09-6793</i>		
17. INFORMANT <i>Geckle, Marie</i>			ADDRESS <i>147 Poplar Rd</i>		
18. <i>414X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH (A) <i>Pneumonia</i> DUE TO <i>Valvular Heart Disease causing cardiac insufficiency</i> (B) <i>Chronic passive congestion of lungs</i> DUE TO <i>Pulmonary Infarction</i> (C) <i></i>		
19A. DATE OF OPERATION <i>7</i>			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)					
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21F. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <i>12/4/51</i> 19, to <i>12/17/51</i> 19, that I last saw the deceased alive on <i>12/17/51</i> , 19, and that death occurred at <i>1:30</i> p. m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Ed. J. Thomas</i>			23B. ADDRESS <i>Church Home & Hosp.</i>		
23C. DATE SIGNED <i>12/17/51</i>					
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>			24B. DATE <i>12/22/51</i>		
24C. NAME OF CEMETERY OR CREMATORY <i>Woodlawn Cemetery</i>			24D. LOCATION (City, town, or county) <i>Balto Co Md</i>		
25. FUNERAL DIRECTOR <i>Wm. J. Brydson</i>			ADDRESS <i>1407 Eastern Ave</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 19 1951</i>			REGISTRAR'S SIGNATURE <i>William J. Brydson</i>		



300

51 10956

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10956

1. NAME OF DECEASED (Type or Print) <i>Rev. Ludd Scott</i>		2. DATE OF DEATH <i>Dec. 16, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY <i>1-05</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>815 N. Bond St</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>815 N. Bond St</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Feb. 15, 1895</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Sanitary</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>BLDG.</i>	9. AGE (In years last birthday) <i>56</i>
11. BIRTHPLACE (State or foreign country) <i>Prince Edward County, Va.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>William C. Scott</i>		14. MOTHER'S MAIDEN NAME <i>Agnes Scott</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>216-09-2296</i>	17. INFORMANT <i>Ada Scott, 815 N. Bond St</i>
18. <i>443 X 1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Cerebral Hemorrhage</i> DUE TO ANTECEDENT CAUSES (B) <i>Hypertension</i> DUE TO (C) <i>Chronic Myocarditis</i>			INTERVAL BETWEEN ONSET AND DEATH <i>12 hrs</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. HOW DID INJURY OCCUR?	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from <i>12/5</i> , 19 <i>51</i> , to <i>12/16</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>12/16</i> , 19 <i>51</i> , and that death occurred at <i>3:15 P.</i> m., from the causes and on the date stated above.			
23A. SIGNATURE <i>Albert L. Reford</i>		23B. ADDRESS <i>822 N. Bond St</i>	
23C. DATE SIGNED <i>12/18/51</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Dec. 20/51</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Arbutus Memorial Park</i>		24D. LOCATION (City, town, or county) (State) <i>Arbutus Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 19 1951</i>		REGISTRAR'S SIGNATURE <i>William C. Williams</i>	
25. FUNERAL DIRECTOR <i>Mrs. Robert G. Elliott & Daughter</i>		ADDRESS <i>1129 N. Caroline St. 937</i>	

VALLEY
CONGRESS
BOND

654
1 10967
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10967
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Edward Cromwell</i>		2. DATE OF DEATH <i>Dec. 16, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md</i> B. COUNTY <i>Harford</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Belair</i>	
D. STREET ADDRESS (If rural, give location) <i>Churchville</i>		6200	
5. SEX <i>male</i>		6. COLOR OR RACE <i>Colored</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>		8. DATE OF BIRTH <i>4-27-81</i>	
9. AGE (In years last birthday) <i>70</i>		10. Under 1 Year Months: Days	
11. Under 24 Hours Hours: Min.		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13. FATHER'S NAME <i>Jenny Cromwell</i>		14. MOTHER'S MAIDEN NAME <i>Mary Lee</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS	

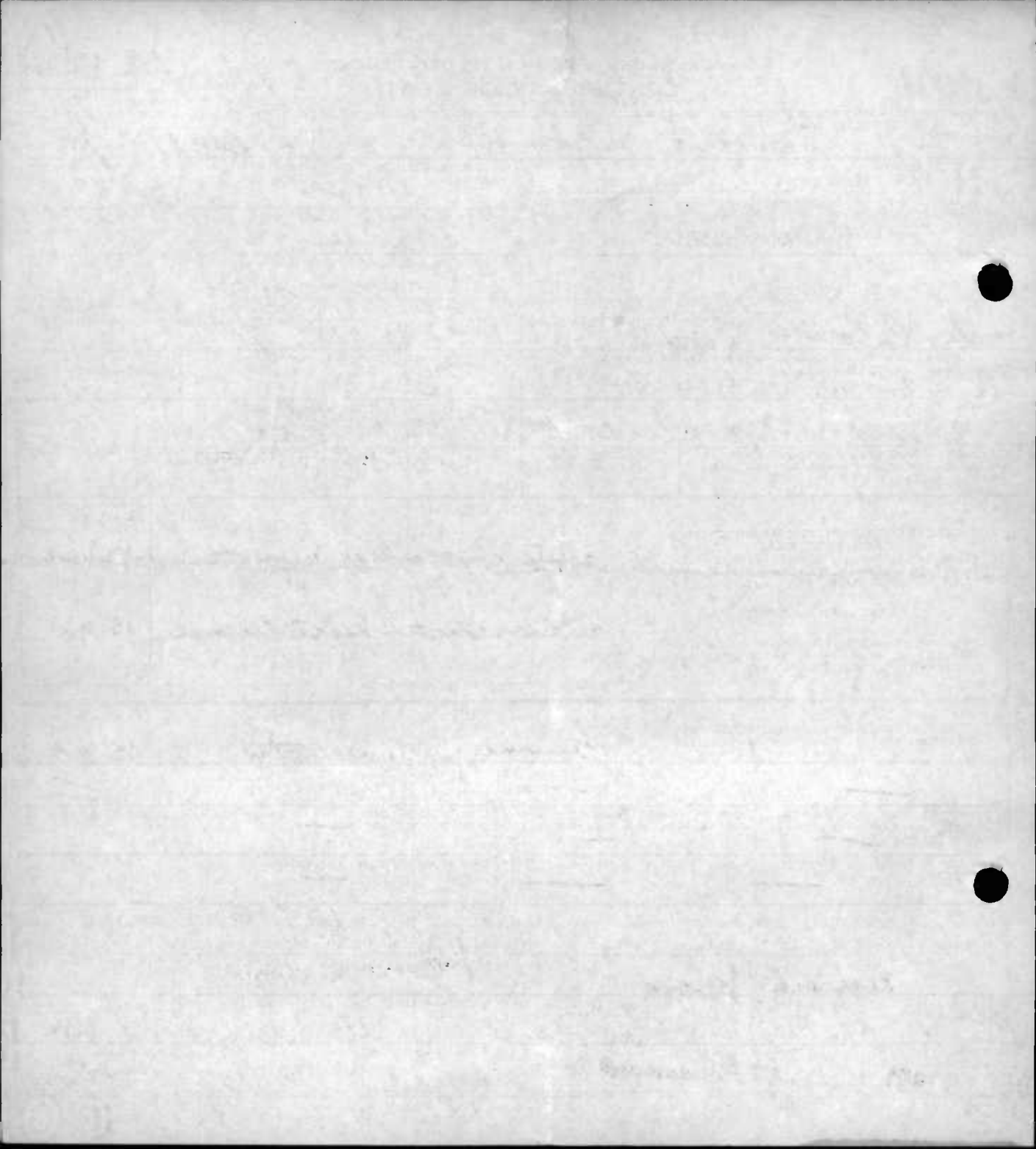
18. <i>420.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>acute myocardial infarct</i> DUE TO (B) <i>arteriosclerotic heart disease</i> DUE TO (C) _____		INTERVAL BETWEEN ONSET AND DEATH <i>1/2 hour</i> <i>15 yrs</i>
---	--	--

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>chronic pyelonephritis</i>		15 yrs
19A. DATE OF OPERATION _____	19B. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____
21D. TIME (Month) (Day) (Year) (Hour) INJURY _____	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from <i>10/30</i> <i>1951</i> to <i>12/16</i> <i>1951</i> , that I last saw the deceased alive on <i>12/16</i> <i>1951</i> , and that death occurred at <i>11:55</i> <i>a.m.</i> , from the causes and on the date stated above.		
23A. SIGNATURE <i>Richard J. Jones</i>	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED _____

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>12/20/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>John Wesley</i>	24D. LOCATION (City, town, or county) (State) <i>Abingdon, Harford Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 19 1951</i>	REGISTRAR'S SIGNATURE <i>for Williams</i>	25. FUNERAL DIRECTOR ADDRESS <i>Howard K. McColman & Son</i>	
97091 <i>Abingdon Md 937</i>			



300
AB-154818
1-10958
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

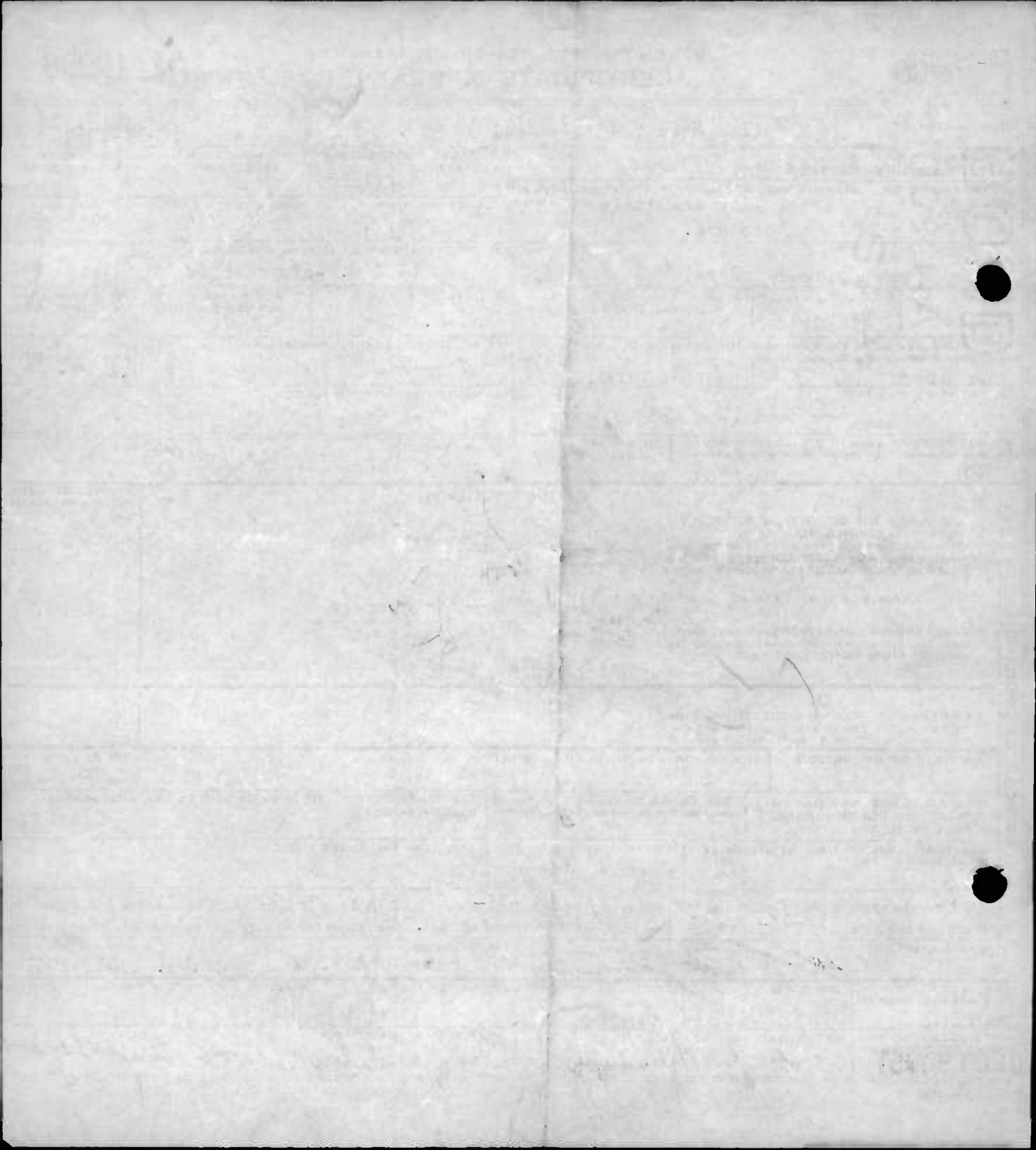
Registered No. 51 10958

1. NAME OF DECEASED (Type or Print) Willie Reed (Willie Redd)			2. DATE OF DEATH 12-15-1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR Baltimore City Hospitals INSTITUTION 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
Length of stay in Baltimore 2yrs.			D. STREET ADDRESS (If rural, give location) 1315 E. Lafayette Ave. zone 13		
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Jan. 2, 1915	9. AGE (In years last birthday) 36	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10B. KIND OF BUSINESS OR INDUSTRY In General		11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME Lee Reed (Lee Redd)		
14. MOTHER'S MAIDEN NAME Myra King			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		
16. SOCIAL SECURITY NO.			17. INFORMANT Records: Baltimore City Hospitals 4940 Eastern Ave.		

18. 490 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ACUTE CAUSES Acute Pulmonary Edema DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Diaphragmatic Abscess Lower lobe pneumonia and atelectasis Perforated Viscus Generalized peritonitis		INTERVAL BETWEEN ONSET AND DEATH 6hrs. 2wks. 2wks.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 12-15-1951 to 12-15-1951 that I last saw the deceased alive on 12-15-1951 and that death occurred at 10.30 PM, from the causes and on the date stated above.				
23A. SIGNATURE R. B. Bogen M.D.		23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.		23C. DATE SIGNED 12-18-1951

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12/20/1951	24C. NAME OF CEMETERY OR CREMATORY Monroe Cem.	24D. LOCATION (City, town, or county) (State) Farmville Virginia
DATE RECEIVED BY LOCAL REGISTRAR DEC 19 1951	REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR E. O. Wilson 1000 Brantly way



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 10969**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Essie Mae Jones

2. DATE
OF
DEATH

12/18/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

547 - Offord Street

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

md.

B. COUNTY

City of Baltimore

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

547 - Offord St.

5. SEX

F.

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Sept- 2- 1916

9. AGE (In years
last birthday)

35

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

Private

13. FATHER'S NAME

Willie Jones

11. BIRTHPLACE (State or foreign country)

Ga.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

14. MOTHER'S MAIDEN NAME

Hester Huff

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

no

17. INFORMANT,

Willie Jones - Eting St.

18. *002X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Pulmonary Tuberculosis

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *11-1*, 19*51*, to *12-17*, 19*51*, that I last saw the deceased alive on *12-17*, 19*51*, and that death occurred at *7:30 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

M. E. Williams

M. O.

23B. ADDRESS

805 W. Friends St.

23C. DATE SIGNED

12-19-51

24A. BURIAL, CREMA-
TION REMOVAL (Specify)

Burial

24B. DATE

12/26/51

24C. NAME OF CEMETERY OR CREMATOR

St. Calvary Co.

24D. LOCATION (City, town, or county) (State)

at a C. W.

DATE RECEIVED BY
LOCAL REGISTRAR

DEC 19 1951

REGISTRAR'S SIGNATURE

William Williams

25. FUNERAL DIRECTOR

A. Halstead

ADDRESS

918 -

VS 150

*7208A Druid Hill ave.
1313*

MEDICAL CERTIFICATION

Chart 1.

1910-1911

101

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1910-1911

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51 10970

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10970

1. NAME OF DECEASED (Type or Print) PETER GEORGE BEHM			2. DATE OF DEATH 12-19-51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE St. Joseph's Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore		
Length of stay in Baltimore life Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 4116 Kingsway - 6		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated	8. DATE OF BIRTH Dec. 28, 1875		9. AGE (In years last birthday) 75 If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10B. KIND OF BUSINESS OR INDUSTRY furniture	11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME George Behm			14. MOTHER'S MAIDEN NAME Margaret Friedrich		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 7	17. INFORMANT 1203 E. Belvedere Avenue T. George Behm		

18. 604X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Uremia (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Cystolithiasis (B) DUE TO Prostatic hypertrophy with bladder neck obstruction. (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Post-operative wound infection.		

19A. DATE OF OPERATION 12-14-51		19B. MAJOR FINDINGS OF OPERATION Cystolithotomy, resection of bladder neck.		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **12-10-**, 19**51**, to **12-19-**, 19**51**, that I last saw the deceased alive on **12-19-**, 19**51**, and that death occurred at **3:25a** m., from the causes and on the date stated above.

23A. SIGNATURE <i>P. Andrew Becca</i> M. O.		23B. ADDRESS 1400 N. Caroline Street - 13		23C. DATE SIGNED 12-19-51	
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24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 12/20/51		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
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DATE RECEIVED BY LOCAL REGISTRAR DEC 19 1951		REGISTRAR'S SIGNATURE <i>Walter J. Williams, M.D.</i>		FUNERAL DIRECTOR HENRY SANDER & SONS, INC.		ADDRESS BALTIMORE - 13, Md.	
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10971

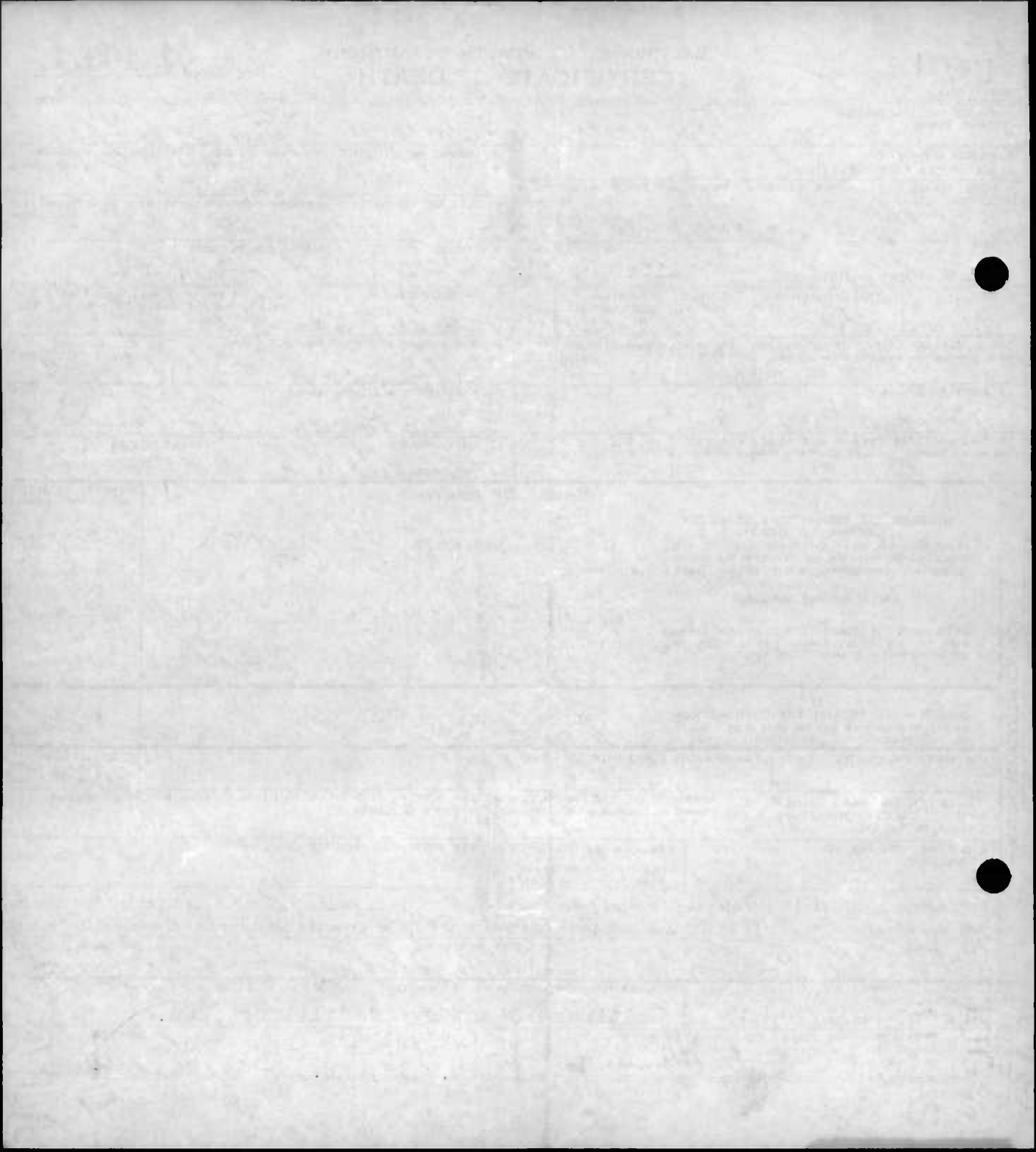
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10971

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Goetz, Margaret Ellen</i>		2. DATE OF DEATH <i>12/16/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>EC</i>			
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Church Home & Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>7-02</i>			
6. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>524 NO. Glover St.</i>			
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Dec 16, 1882</i>	9. AGE (In years last birthday) <i>68</i>	10. Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>at home</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>Patrick Cox</i>		14. MOTHER'S MAIDEN NAME <i>Ellen Egan (Ireland)</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT ADDRESS <i>Mr Stewart Lane 6315 E. Annapolis</i>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>171X</i>		CAUSE OF DEATH (A) <i>Carcinoma of Cervix</i> DUE TO (B) <i>Hydronephrosis det(A)</i> DUE TO (C) <i>Uremia (due to (B))</i>		INTERVAL BETWEEN ONSET AND DEATH <i>5-10 yrs</i> <i>years</i> <i>2 wks</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Aggravated Pneumonia</i>		<i>5 days</i>	
19A. DATE OF OPERATION <i>2</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Dec 3, 51</i> , 19 <i>51</i> , to <i>12/16/51</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>12/16/51</i> , 19 <i>51</i> and that death occurred at <i>6:45</i> p.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Dr. J. J. Thomas</i>		23B. ADDRESS <i>Church Home & Hosp.</i>		23C. DATE SIGNED <i>12/16/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>12/20/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Baltimore Cemetery</i>	
24D. LOCATION (City, town, or county) <i>Baltimore, Md.</i>		25. FUNERAL DIRECTOR <i>HENRY SANDER & SONS, INC.</i>		ADDRESS <i>BALTO., 13, MD.</i>	

MEDICAL CERTIFICATION

48a



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51-10972**

652
51-10972
BIRTH NO.

1. NAME OF DECEASED (Type or Print) MICHAEL VERNIC		2. DATE OF DEATH Dec. 17, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lutherville	
D. STREET ADDRESS (If rural, give location) Seminary Avenue		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days 5200	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 12, 1889
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Balto. Co., Hwy. Dept.	9. AGE (In years last birthday) 62
11. BIRTHPLACE (State or foreign country) Hungary		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 218-03-9042	
17. INFORMANT Family Records		ADDRESS	

18. E976 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Bullet wound of head DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

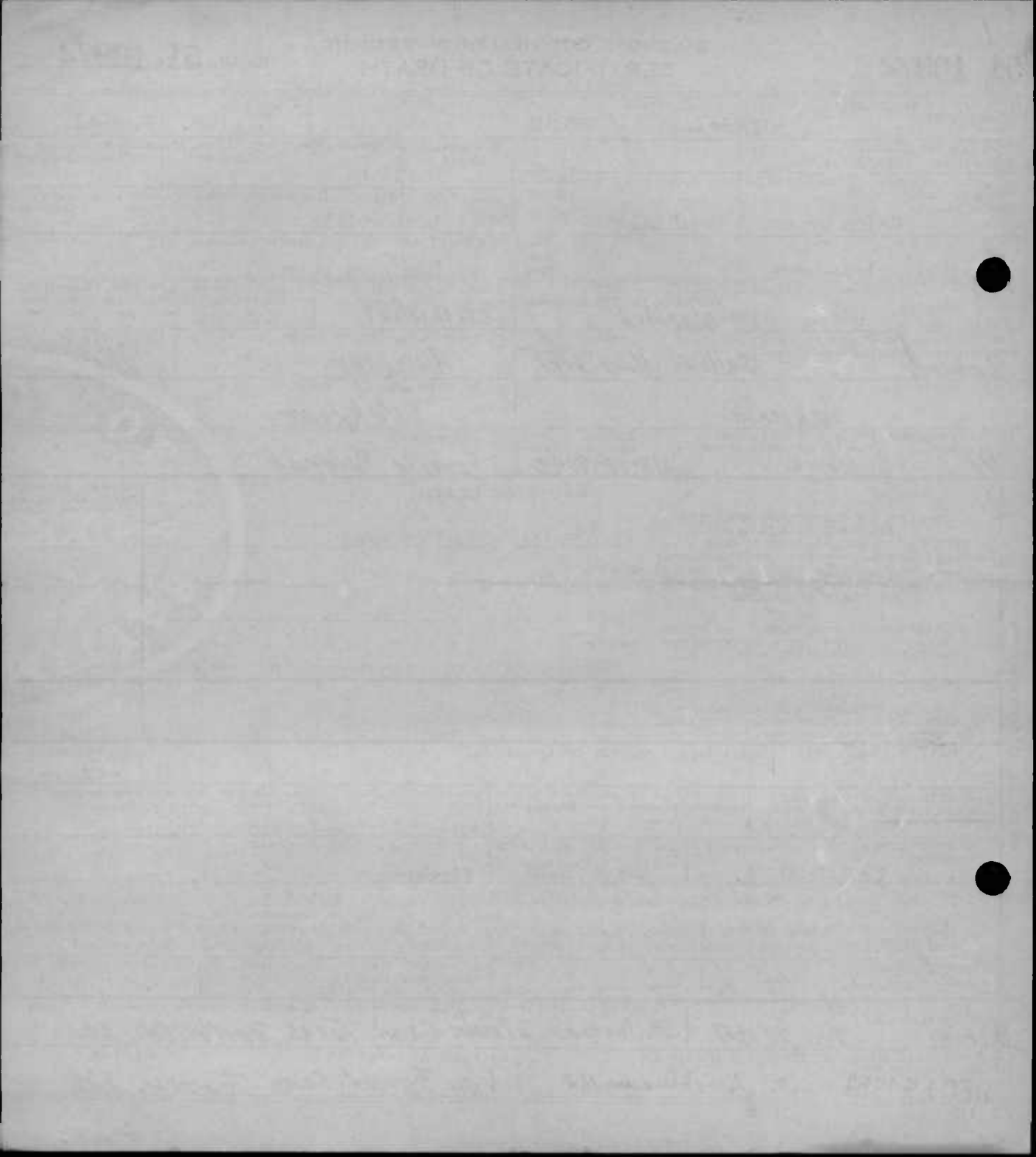
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Yard	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Baltimore County Yard Bosley Avenue-Towson, Maryland
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Dec. 17, 1951-7:00 A. m.	21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? Firearms

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE
Stanley H. Demack M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED
Dec. 17, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Dec. 20, 1951	24C. NAME OF CEMETERY OR CREMATORY St. Joseph's Catholic Cem.	24D. LOCATION (City, town, or county) (State) Texas, Balto., Co., Md.
DATE RECEIVED BY LOCAL REGISTRAR DEC 19 1951		25. FUNERAL DIRECTOR John Burns' Sons, Towson, Md.	ADDRESS

MEDICAL CERTIFICATION



450
51 10973

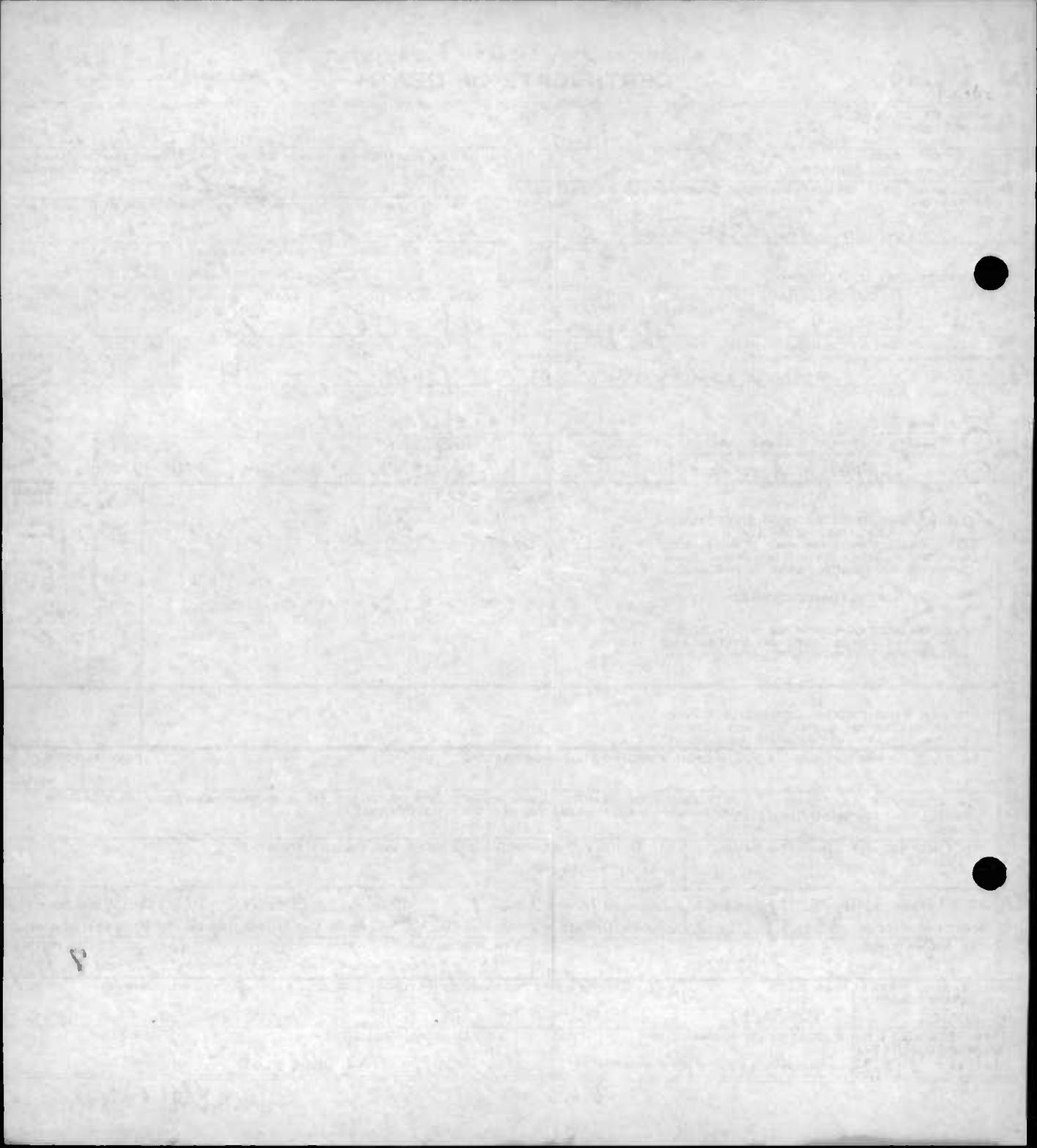
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10973
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) C. Eugene Klein		2. DATE OF DEATH Dec. 18, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or hospital or location) University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 3816 Barrington Rd.		E. LENGTH OF STAY IN BALTIMORE 75 Yrs. Mos. Days	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept 3, 1876
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreign credit manager Crown Cork & Seal Co.		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
13. FATHER'S NAME Daniel A. Klein		12. CITIZEN OF WHAT COUNTRY? U.S.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes Spanish-American War		14. MOTHER'S MAIDEN NAME Pauline H. Nichel	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Daniel E. Klein, son, 3700 N. E. Ave. Hb.	
18. 4201 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) myocardial infarct DUE TO Coronary atherosclerosis DUE TO 4 yrs.		INTERVAL BETWEEN ONSET AND DEATH 2 hrs.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec 7 , 19 51 , to Dec. 17 , 19 51 , that I last saw the deceased alive on Dec 17 , 19 51 , and that death occurred at 2:30 p.m. , from the causes and on the date stated above.			
23A. SIGNATURE Robert A. Moore Jr. M.D.		23B. ADDRESS University Hospital	
23C. DATE SIGNED Dec 18 1951			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/21/51	
24C. NAME OF CEMETERY OR CREMATORY Druid Ridge Cem.		24D. LOCATION (City, town, or county) (State) Pikesville, Md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 19 1951		REGISTRAR'S SIGNATURE Harriet J. Williams, M.D.	
25. FUNERAL DIRECTOR Wm. J. Pickner & Sons		ADDRESS Balto Md. 94a	

MEDICAL CERTIFICATION



363

10974

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10974

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) **RALPH CARTER EDWARDS** 2. DATE OF DEATH **Dec. 18, 1951**

3. PLACE OF DEATH: A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE **Maryland** B. COUNTY _____

B. FULL NAME OF (If not in hospital or institution, give street address or location) **US Public Health Service Hospital** C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) **Baltimore** **28-41**

D. STREET ADDRESS (If rural, give location) **4730 Liberty Heights Avenue** E. Length of stay in Baltimore ? Yrs. Mos. Days

5. SEX **M** 6. COLOR OR RACE **W** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **1/20/81** 9. AGE (In years last birthday) **70** If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Seaman** 10B. KIND OF BUSINESS OR INDUSTRY **Seafarer** 11. BIRTHPLACE (State or foreign country) **Va.** 12. CITIZEN OF WHAT COUNTRY? **USA**

13. FATHER'S NAME **Ralph Edwards** 14. MOTHER'S MAIDEN NAME **Harriet Tapscott**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) **No** (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. **Yes- Unknown** 17. INFORMANT ADDRESS **Records- US PHS HOSPITAL, BALTO, MD.**

18. **022x** I CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) **Thoracic Aneurysm** (A) DUE TO **Unknown** ANTECEDENT CAUSES (B) **Acute Cause not yet determined** DUE TO (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **2** 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☒ ND ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐ 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Dec. 17, 1951**, to **Dec. 18, 1951**, that I last saw the deceased alive on **Dec. 18, 1951**, and that death occurred at **12:45P** m., from the causes and on the date stated above.

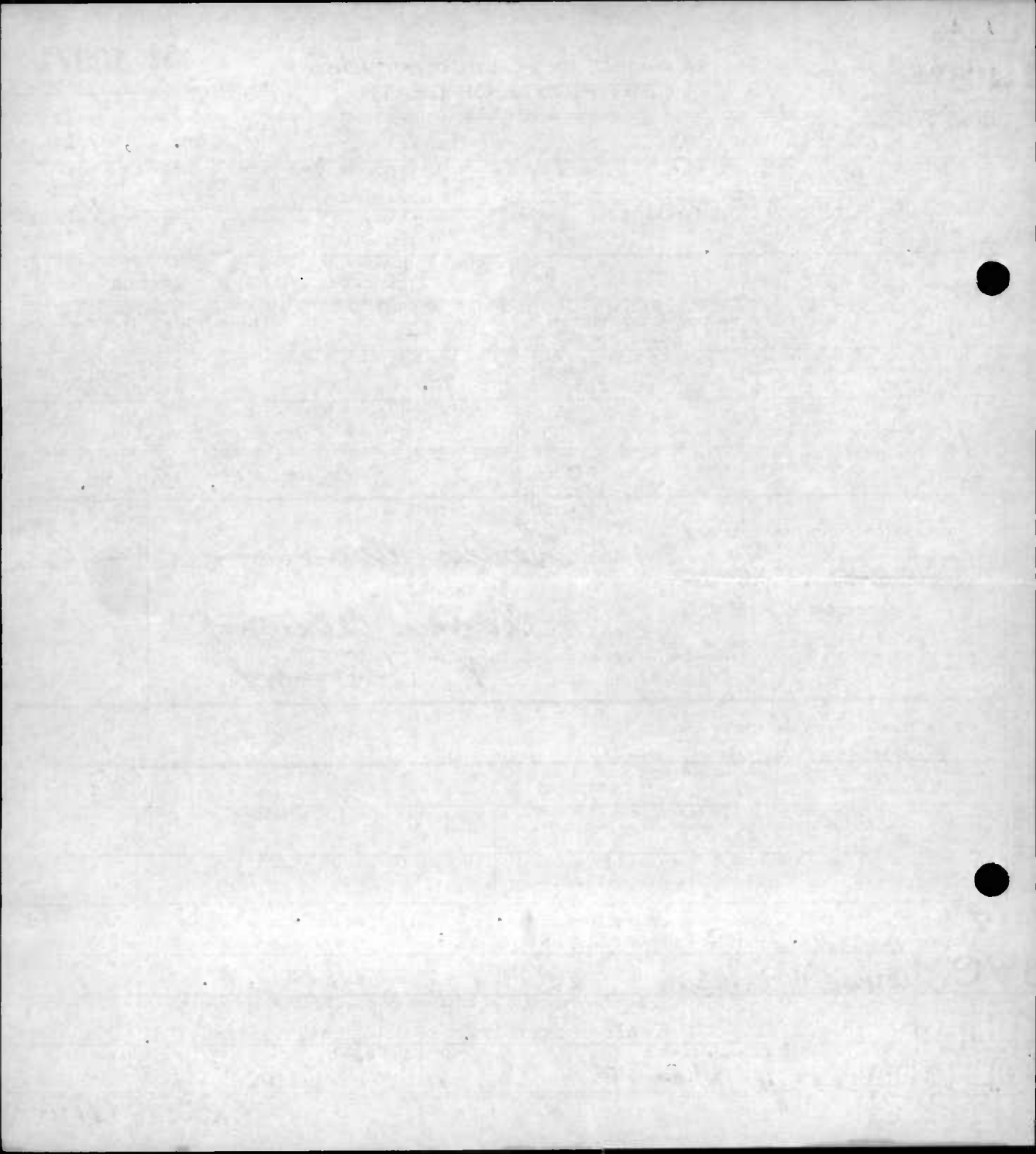
23A. SIGNATURE **Thomas H. Warren** M. D. 23B. ADDRESS **US PHS HOSPITAL, BALTO, MD.** 23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **12/21/51** 24C. NAME OF CEMETERY OR CREMATORY **Deals Island Cem.** 24D. LOCATION (City, town, or county) (State) **Deals Island, Md.**

DATE RECEIVED BY LOCAL REGISTRAR **DEC 19 1951** REGISTRAR'S SIGNATURE **William H. Williams, M.D.** 25. FUNERAL DIRECTOR **Wm. J. Vickner & Sons** ADDRESS

VS 150 **673 55 307 Balto 17, Md.**

MEDICAL CERTIFICATION



165

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10975

BIRTH NO. 51 10975

1. NAME OF DECEASED (Type or Print) ANNA E. SPARENBERG		2. DATE OF DEATH 12/18/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 19 E. Montgomery St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 19 E. Montgomery St.	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 14, 1888
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY Home	9. AGE (In years last birthday) 63
13. FATHER'S NAME Jacob Carroll		11. BIRTHPLACE (State or foreign country) Balto. Co., Md.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Jemima Gorsuch	
17. INFORMANT Dorothy Sparenberg		ADDRESS 19 E. Montgomery	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) Myocardial Insufficiency DUE TO (B) Arterio Sclerosis + DUE TO Myocarditis (C)	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept 15, 1951, to Dec 18, 1951, that I last saw the deceased alive on 12/18, 1951, and that death occurred at 3:51 p. m., from the causes and on the date stated above.			
23A. SIGNATURE John A. Scheuch	23B. ADDRESS 1337 S. Charles St.	23C. DATE SIGNED 12/19/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12/21/51	24C. NAME OF CEMETERY OR CREMATORY New Cathedral	24D. LOCATION (City, town, or county) (State) Old Frederick Rd.
DATE RECEIVED BY LOCAL REGISTRAR DEC 19 1951	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR John F. Denny, Inc. 715 Light St.	

937

WALTER
CONGRESS
SECOND
ROOM
WASHINGTON

630
51 10976

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10976

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		MARGARET E. BRADY		Dec. 17, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Anne Arundel			
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Colonial Nursing Home 2506 Sorrento Rd.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Linthicum Hgts.			
6. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 407 Maple Rd. 5200			
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Sept. 25, 1869	9. AGE (In years last birthday) 82	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Schoolteacher		10B. KIND OF BUSINESS OR INDUSTRY Public School		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME John P. Brady		14. MOTHER'S MAIDEN NAME Sarah Printy	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs. William Geoghegan - Hopkins Apts.	
18. 260X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (A) Diabetes Mellitus DUE TO (B) Hypertensive Cardiovascular DUE TO (C)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH year year.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept 1950, to Dec 17, 1951, that I last saw the deceased alive on 12-15, 1951, and that death occurred at 10 A m., from the causes and on the date stated above.					
23A. SIGNATURE William L. Fleming		23B. ADDRESS 3025 Belair Road		23C. DATE SIGNED 12-19-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/20/51		24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cem.	
24D. LOCATION (City, town, or county) (State) Balto., Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR DEC 19 1951		24F. REGISTRAR'S SIGNATURE William L. Fleming	
24G. FUNERAL DIRECTOR J. M. J. Tichner & Sons		24H. ADDRESS 61 Balto 17, Md			

MEDICAL CERTIFICATION

STATE OF TEXAS
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of medical examiner		11. Signature of coroner		12. Signature of jury	
13. Signature of witness		14. Signature of witness		15. Signature of witness		16. Signature of witness	
17. Signature of witness		18. Signature of witness		19. Signature of witness		20. Signature of witness	
21. Signature of witness		22. Signature of witness		23. Signature of witness		24. Signature of witness	
25. Signature of witness		26. Signature of witness		27. Signature of witness		28. Signature of witness	
29. Signature of witness		30. Signature of witness		31. Signature of witness		32. Signature of witness	
33. Signature of witness		34. Signature of witness		35. Signature of witness		36. Signature of witness	
37. Signature of witness		38. Signature of witness		39. Signature of witness		40. Signature of witness	
41. Signature of witness		42. Signature of witness		43. Signature of witness		44. Signature of witness	
45. Signature of witness		46. Signature of witness		47. Signature of witness		48. Signature of witness	
49. Signature of witness		50. Signature of witness		51. Signature of witness		52. Signature of witness	
53. Signature of witness		54. Signature of witness		55. Signature of witness		56. Signature of witness	
57. Signature of witness		58. Signature of witness		59. Signature of witness		60. Signature of witness	
61. Signature of witness		62. Signature of witness		63. Signature of witness		64. Signature of witness	
65. Signature of witness		66. Signature of witness		67. Signature of witness		68. Signature of witness	
69. Signature of witness		70. Signature of witness		71. Signature of witness		72. Signature of witness	
73. Signature of witness		74. Signature of witness		75. Signature of witness		76. Signature of witness	
77. Signature of witness		78. Signature of witness		79. Signature of witness		80. Signature of witness	
81. Signature of witness		82. Signature of witness		83. Signature of witness		84. Signature of witness	
85. Signature of witness		86. Signature of witness		87. Signature of witness		88. Signature of witness	
89. Signature of witness		90. Signature of witness		91. Signature of witness		92. Signature of witness	
93. Signature of witness		94. Signature of witness		95. Signature of witness		96. Signature of witness	
97. Signature of witness		98. Signature of witness		99. Signature of witness		100. Signature of witness	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **51 10977**

520
51 10977
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Glenn L. Jones		2. DATE OF DEATH Dec. 17-1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY 16-07	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 3032 Belmont Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore	
Length of stay in Baltimore 68 Yrs -		D. STREET ADDRESS (If rural, give location) 3032 Belmont Ave.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 30. 1884
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Clerk		10B. KIND OF BUSINESS OR INDUSTRY P. R. R.	9. AGE (In years last birthday) 67
11. BIRTHPLACE (State or foreign country) Balto. Md.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Victor L. Jones		14. MOTHER'S MAIDEN NAME Erith Barnes	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no	16. SOCIAL SECURITY NO. 381-03-7184 7-12-22-1973	17. INFORMANT Mrs. Helen Jones - 3032 Belmont Ave.	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis DUE TO Coronary Sclerosis Chr. Myocarditis DUE TO Right Hemiplegia		INTERVAL BETWEEN ONSET AND DEATH 12-17-51 1944 1944 Sept 7-1944
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept. 7- , 1944, to Dec. 17 , 1951, that I last saw the deceased alive on Dec. 15 , 1951, and that death occurred at 3:12 m., from the causes and on the date stated above.					
23A. SIGNATURE Paul Brown		23B. ADDRESS 3602 Liberty Heights Ave.		23C. DATE SIGNED 12-18-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12-20-1951	24C. NAME OF CEMETERY OR CREMATORY Lorraine Park	24D. LOCATION (City, town, or county) Woodlawn,	(State) Md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 19 1951		REGISTRAR'S SIGNATURE W. H. Williams, M.D.		25. FUNERAL DIRECTOR G. Howard Strong	
				ADDRESS 3207 W. North Ave.,	

39050

937

MEDICAL CERTIFICATION

21 1941

March 1941

Dear Mr. [illegible]

My dear [illegible]

I have [illegible]

been [illegible]

very [illegible]

much [illegible]

to [illegible]

and [illegible]

Yours

[illegible]

1941

[illegible]

1941

[illegible]

1941

[illegible]

Very truly yours,

[illegible]

[illegible]

[illegible]

[illegible]

320
1 10978

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10978

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>William Gow Reddock</i>		2. DATE OF DEATH <i>12-19-51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Balto.</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution) <i>MARYLAND GENERAL HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>28-03</i>	
D. STREET ADDRESS (If rural, give location) <i>5209 Windsor Mill Rd.</i>		E. LENGTH OF STAY IN BALTIMORE <i>9</i> Yrs. <i>9</i> Mos. <i>9</i> Days	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	8. DATE OF BIRTH <i>Mar. 21, 1881</i>
9. AGE (In years last birthday) <i>70</i>		10. UNDER 1 YEAR Months: Days: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Stock Reproduction Breeder</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Green Spring Dairy</i>	
11. BIRTHPLACE (State or foreign country) <i>Scotland.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>John Reddock</i>		14. MOTHER'S MAIDEN NAME <i>Isabelle Crow.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Ms Catherine S Reddock</i>		ADDRESS <i>5209 Windsor Mill Rd.</i>	

CAUSE OF DEATH

18. <i>585X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Meningeal</i> DUE TO <i>Acute Meningeal</i> DUE TO <i>Acute Cholelithiasis</i>	19. MAJOR FINDINGS OF OPERATION <i>Acute Cholelithiasis</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

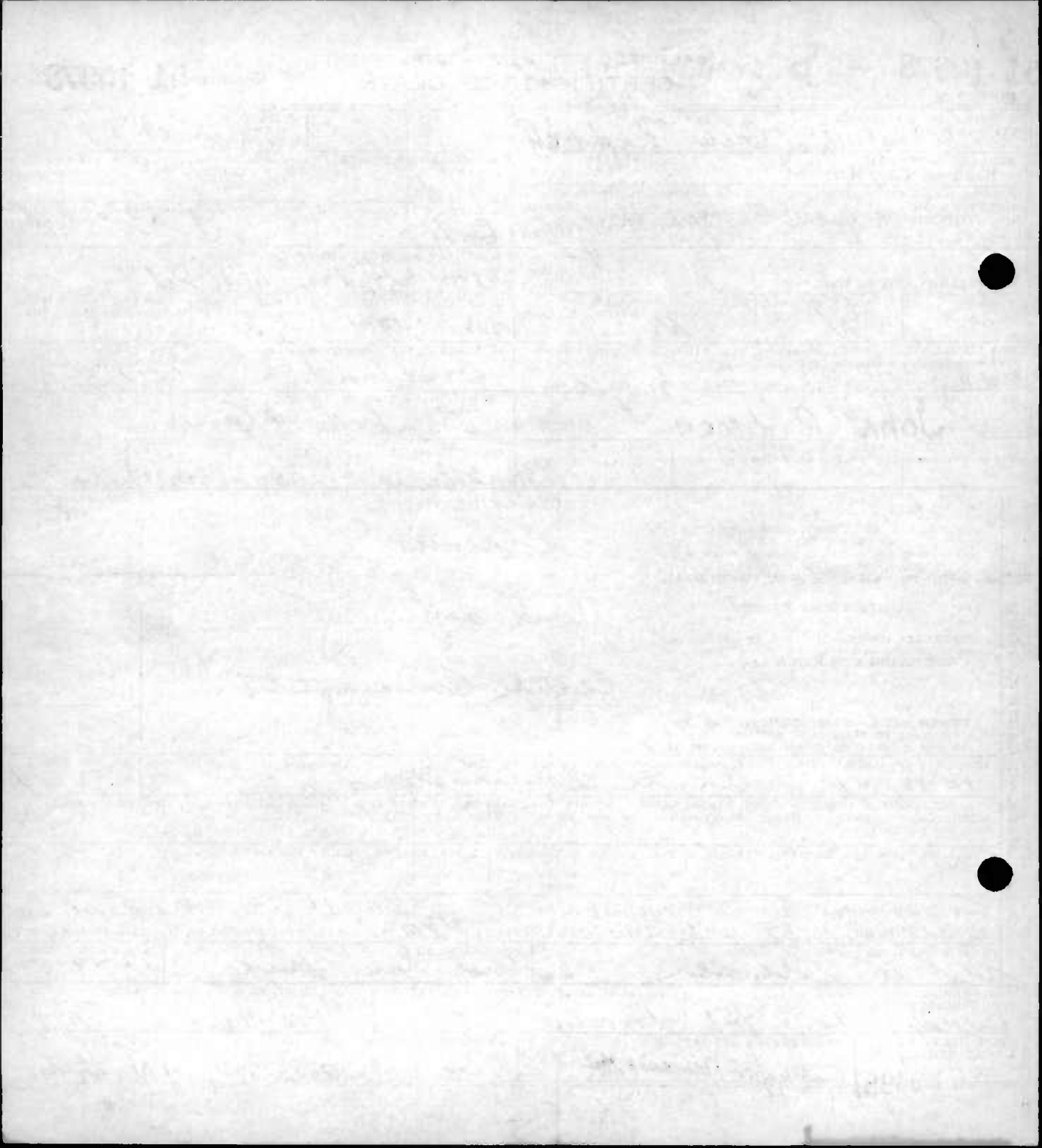
19A. DATE OF OPERATION <i>12-15-51</i>	19B. MAJOR FINDINGS OF OPERATION <i>Acute Cholelithiasis</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>12-14</i> , 19 <i>51</i> , to <i>12-19</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>12-19</i> , 19 <i>51</i> , and that death occurred at <i>3:15 A.M.</i> , from the causes and on the date stated above.		
23A. SIGNATURE <i>W. K. Bruden</i>	23B. ADDRESS <i>Md. Sen. Hosp.</i>	23C. DATE SIGNED <i>12-19-51</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>12-21-1951</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Lorraine Park</i>
24D. LOCATION (City, town, or county) <i>Woodlawn</i>	24E. STATE <i>Md.</i>	24F. DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 19 1951</i>
24G. REGISTRAR'S SIGNATURE <i>W. K. Bruden</i>	24H. FUNERAL DIRECTOR <i>J. Howard Strong</i>	24I. ADDRESS <i>3707 W. North Ave</i>

VS 150

58341

127a

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 10979
Registered No.

435
51 10979
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Mary J. Baldwin</i>		2. DATE OF DEATH <i>Dec 16th 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1301 N. Linwood Ave</i>		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>—</i>		C. CITY OR TOWN (If outside corporate limits, write FULL and give township) <i>Balto</i>	
C. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>1301 N. Linwood Ave</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>Feb 26th 1887</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>64</i>
11. BIRTHPLACE (State or foreign country) <i>Md.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>unhuver</i>		14. MOTHER'S MAIDEN NAME <i>unhuver</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Ellen Barnhart</i>		ADDRESS <i>1301 N. Linwood Ave</i>	

18. <i>199.8</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cerebral accident</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Generalized carcinoma</i>		<i>2 yrs</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>Oct 1949</i> to <i>Dec 16, 1951</i> , that I last saw the deceased alive on <i>Dec 15, 1951</i> , and that death occurred at <i>338 P.m.</i> , from the causes and on the date stated above.				
23A. SIGNATURE <i>Conrad L. Richter</i>		23B. ADDRESS M. O. <i>1706 N. Washington St</i>		23C. DATE SIGNED <i>12/17/51</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Dec 19th 1951</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Oceanview</i>	24D. LOCATION (City, town, or county) (State) <i>Stemmers Run Rd</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 19 1951</i>		REGISTRAR'S SIGNATURE <i>Conrad L. Richter</i>		25. FUNERAL DIRECTOR <i>Geo. S. Leach</i>
				ADDRESS <i>1701-03 N. Patterson Park</i>

MEDICAL CERTIFICATION

Dr. Richter 1706 N. Wash St

540
51 10980BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10980

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Louisa Kraus Pennewell</i>		2. DATE OF DEATH <i>Dec 18th 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>117 N. Duncan St</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY <i>6-03</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Hospital or Institution</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto</i>	
C. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>117 N. Duncan St</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>July 15th 1885</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		9. AGE (In years last birthday) <i>66</i>	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Md</i>	
13. FATHER'S NAME		12. CITIZEN OF WHAT COUNTRY?	
14. MOTHER'S MAIDEN NAME			

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT <i>Edgar Pennewell</i>	ADDRESS <i>117 N. Duncan St</i>
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18. <i>260X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Diabetic Coma</i> DUE TO (B) <i>Hypertensive C. V. D</i> DUE TO (C) <i>Cerebral hemorrhage</i> INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i> <i>?</i> <i>6 mo.</i>	19. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH			
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY			
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>3/13</i> , 19 <i>48</i> , to <i>12/18</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>12/18</i> , 19 <i>51</i> , and that death occurred at <i>4 P.</i> m., from the causes and on the date stated above.			
23A. SIGNATURE <i>Louisa Z. Kline</i>		23B. ADDRESS <i>2623 E. Monument St</i>	
23C. DATE SIGNED <i>12/19/51</i>			

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Dec 21st 1951</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Holy Red</i>	24D. LOCATION (City, town, or county) (State) <i>Belair Rd</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 19 1951</i>		REGISTRAR'S SIGNATURE <i>Walter J. Williams</i>	
25. FUNERAL DIRECTOR <i>Leo L. Cook</i>		ADDRESS <i>1701-03 N. Patterson Park Ave</i>	

Dr. Selmes 2623. E. Monument St.

655
51 10981

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10981

BIRTH NO.			1. NAME OF DECEASED (Type or Print) Mary E. Brennan			2. DATE OF DEATH Dec. 18/51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Md. B. COUNTY					
5. FULL NAME OF (If not in hospital or institution, give street address or location) Hood's Nursing Home 5313 Edmondson Ave.			6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			7. STREET ADDRESS (If rural, give location) 5313 Edmondson Ave.		
8. Length of stay in Baltimore 2 yrs			9. AGE (in years last birthday) 71			10. Under 1 Year Months: Days		
5. SEX Female			6. COLOR OR RACE White			7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attendant			10B. KIND OF BUSINESS OR INDUSTRY Blwyn Training School			11. BIRTHPLACE (State or foreign country) Frederick Co. Md.		
13. FATHER'S NAME Jacob Stimmel			14. MOTHER'S MAIDEN NAME Sarah C. Cookerly			12. CITIZEN OF WHAT COUNTRY?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS Miss Maud Stimmel, Cottage 7,		
18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Spring Grove Hosp. Catonsville, Md. Cerebral Hemorrhage Generalized Arterio Sclerosis INTERVAL BETWEEN ONSET AND DEATH 3 days			(A) DUE TO (B) DUE TO (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 12-1-51 , to 12-18-51 , that I last saw the deceased alive on 12-17-51 , and that death occurred at 5:00 A.M. , from the causes and on the date stated above.								
23A. SIGNATURE James S. Satorre			23B. ADDRESS Catonsville			23C. DATE SIGNED 12-19		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE 12/21/51			24C. NAME OF CEMETERY OR CREMATORY Loudon Park, 3801 Frederick Rd. Balto. 29, Md.		
24D. LOCATION (City, town, or county) (State) Balto. 29, Md.			25. FUNERAL DIRECTOR Long & Witzke			ADDRESS 4101 Edmondson Ave.		
DATE RECEIVED BY LOCAL REGISTRAR DEC 19 1951			REGISTRAR'S SIGNATURE W. H. Williams, Jr.			VS 150 730 PV		

MEDICAL CERTIFICATION

83a

430

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10982

Registered No.

BIRTH NO. 50-27906

1. NAME OF DECEASED
(Type or Print)

NOELS KOLDEWEY

2. DATE
OF
DEATH

12.18.51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

BALTIMORE

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

MARYLAND

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

LUTH. HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

6. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2696 ST BENEDICT ST.

7. SEX

M

8. COLOR OR RACE

W

9. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

10. DATE OF BIRTH

DEC. 22. 1950

11. AGE (In years
last birthday)12. Under 1 Year
Months: Days

11 26

13. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)14. KIND OF BUSINESS OR
INDUSTRY

15. BIRTHPLACE (State or foreign country)

Bosto. Ind.

16. CITIZEN OF
WHAT COUNTRY?

17. FATHER'S NAME

EARL W. KOLDEWEY

18. MOTHER'S MAIDEN NAME

BEATRICE E. GALLATIN.

19. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

20. SOCIAL
SECURITY NO.

21. INFORMANT

ADDRESS

Earl W. Kaldewey, 13 Shadybrook Ave.
Bost. Ind.

22. 344.1 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, assthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

BILAT. LOBAR PNEUMONIA

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

HYDROCEPHALUS.

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

23. DATE OF OPERATION

24. MAJOR FINDINGS OF OPERATION

25. AUTOPSY?

YES ☐ NO ☐26. ACCIDENT, SUICIDE,
HOMICIDE (Specify)27. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)28. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?29. TIME (Month) (Day) (Year) (Hour)
OF INJURY

30. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

31. HOW DID INJURY OCCUR?

32. I hereby certify that I attended the deceased from 6. 23. 1951, to 12. 18. 1951, that I last saw the
deceased alive on 12. 18. 1951, and that death occurred at 230 A.M., from the causes and on the date stated above.

33. SIGNATURE

Drina Lotti

M. D.

34. ADDRESS

Lutheran Hosp.

35. DATE SIGNED

12. 18. 51.

36. BURIAL, CREMA-
TION, REMOVAL (Specify)

37. DATE

38. NAME OF CEMETERY OR CREMATORY

39. LOCATION (City, town, or county) (State)

40. DATE RECEIVED BY
LOCAL REGISTRAR

41. REGISTRAR'S SIGNATURE

42. FUNERAL DIRECTOR

43. ADDRESS

DEC 19 1951

44. Harry H. Hutzke, 4101 Edmondson

45. 108 Ave

12

STATE OF TEXAS

WILLIAM

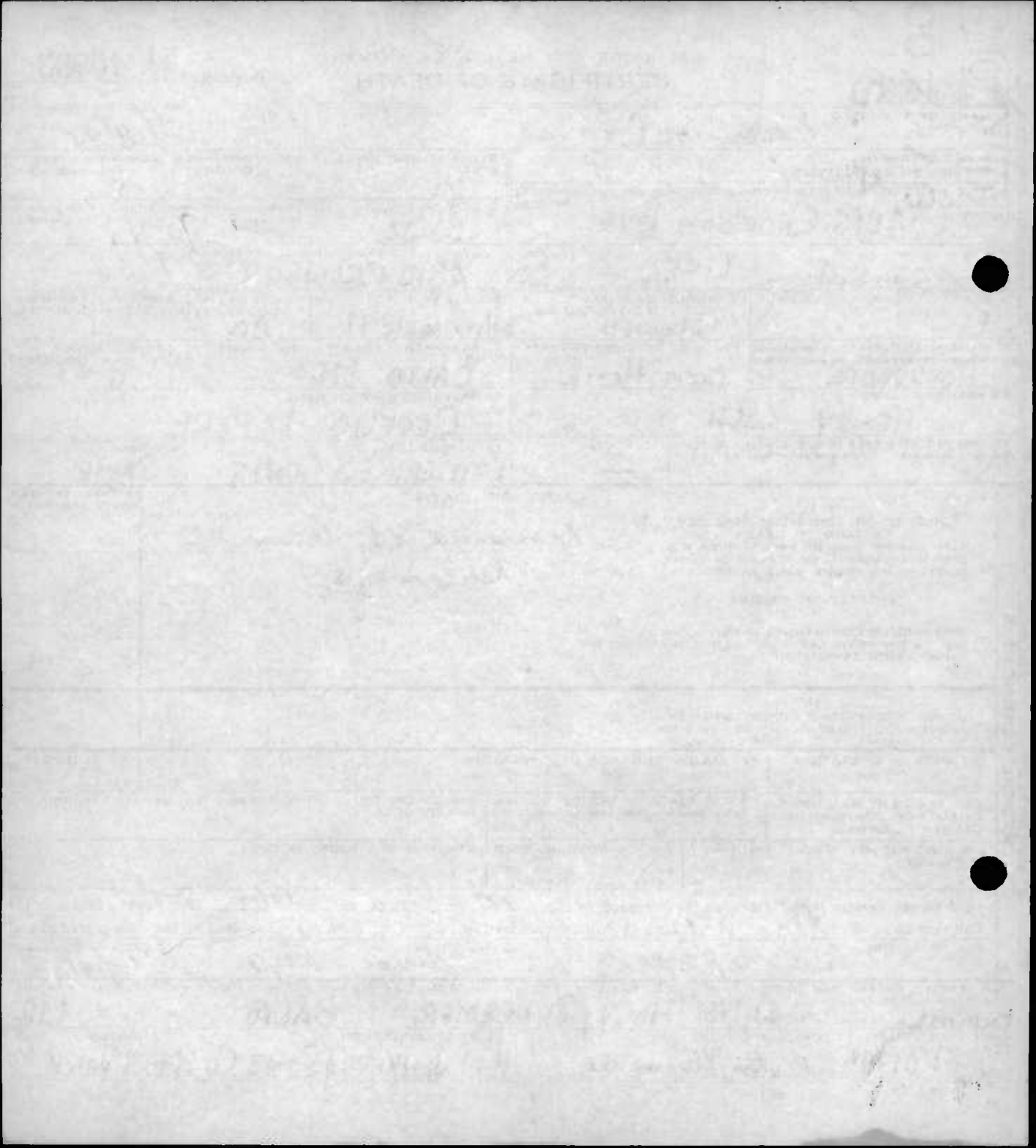
363

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10983

BIRTH NO. 51 10983

1. NAME OF DECEASED (Type or Print) Katherine C. Stuart		2. DATE OF DEATH 12/18/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY BALTO	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 4813 CROWSON AVE.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO	
D. STREET ADDRESS (If rural, give location) 4813 CROWSON		E. LENGTH OF STAY IN BALTIMORE LIFE	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JAN. 6, 1871
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10B. KIND OF BUSINESS OR INDUSTRY OWN HOME	9. AGE (In years last birthday) 80
13. FATHER'S NAME HENRY KOCH		11. BIRTHPLACE (State or foreign country) BALTO. MD.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		12. CITIZEN OF WHAT COUNTRY? U.S.	
16. SOCIAL SECURITY NO. —		14. MOTHER'S MAIDEN NAME CECELIA LE PERE	
17. INFORMANT KATHERINE S. GUNTS		ADDRESS SAME	
18. I 153 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Carcinoma of Cecum & Hemorrhage DUE TO (B) DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH		19. DATE OF OPERATION 0	
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12/19, 1951 , to 12/19, 1951 , that I last saw the deceased alive on 12/19, 1951 and that death occurred at m. , from the causes and on the date stated above.			
23A. SIGNATURE Ken E. Kessel		23B. ADDRESS 2400 York Rd	
23C. DATE SIGNED 12/19/51		24. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24B. DATE DEC. 21, 1951		24C. NAME OF CEMETERY OR CREMATORY HOLY REDEEMER	
24D. LOCATION (City, town, or county) BALTO.		24E. STATE MD.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 19 1951		REGISTRAR'S SIGNATURE W. H. Jenkins	
25. FUNERAL DIRECTOR H. W. JENKINS & SONS CO.		ADDRESS 4905 YORK RD	



620

51 10984

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10984

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Fannie M. Cross.

2. DATE
OF
DEATH

Dec 17, 1951

3. PLACE OF DEATH

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 13-06

8. FULL NAME OF (If not in hospital or institution, give street address or location)

3312 Chestnut Ave

D. STREET ADDRESS (If rural, give location)

3312 Chestnut Ave

Length of stay in Baltimore

Life

Yrs.

Mos.

Days

5. SEX

Female white

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Oct 25, 1866

9. AGE (In years last birthday)

85

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Homemaker

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Mary E. Merryman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Lula O'Meara - 3312 Chestnut

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Central Hemorrhage

5 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arterio sclerosis

20 yrs

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 30, 1951, to Dec 17, 1951, that I last saw the deceased alive on Dec 17, 1951, and that death occurred at 10:50 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 20 1951

VS 150

Austin E. Donovan - 3818 Roland

830

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652
51 10985BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10985
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James A. French

2. DATE
OF
DEATH

Dec. 18, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION1010 W. 36th ST.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

MARYLAND.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

13-02

D. STREET ADDRESS (If rural, give location)

1010 W 36th ST.

Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Male White MARRIED.

8. DATE OF BIRTH

Oct-12 1888

9. AGE (In years
last birthday)

63

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

CHAUFFEUR

10B. KIND OF BUSINESS OR
INDUSTRY

SELF EMPLOYED.

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

CAR

ALONZO FRENCH

14. MOTHER'S MAIDEN NAME

IRENE BECK.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

SADIE E. FRENCH-1010 W 36th ST.

18. 4701

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Coronary Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Wm. H. Kammer, D.

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....23C. DATE SIGNED
Dec. 18, 195124A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Dec 151

24C. NAME OF CEMETERY OR CREMATORY

Loudow Park

24D. LOCATION (City, town, or county)

Frederick Rd. md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wm. H. Kammer, D.

25. FUNERAL DIRECTOR

ADDRESS

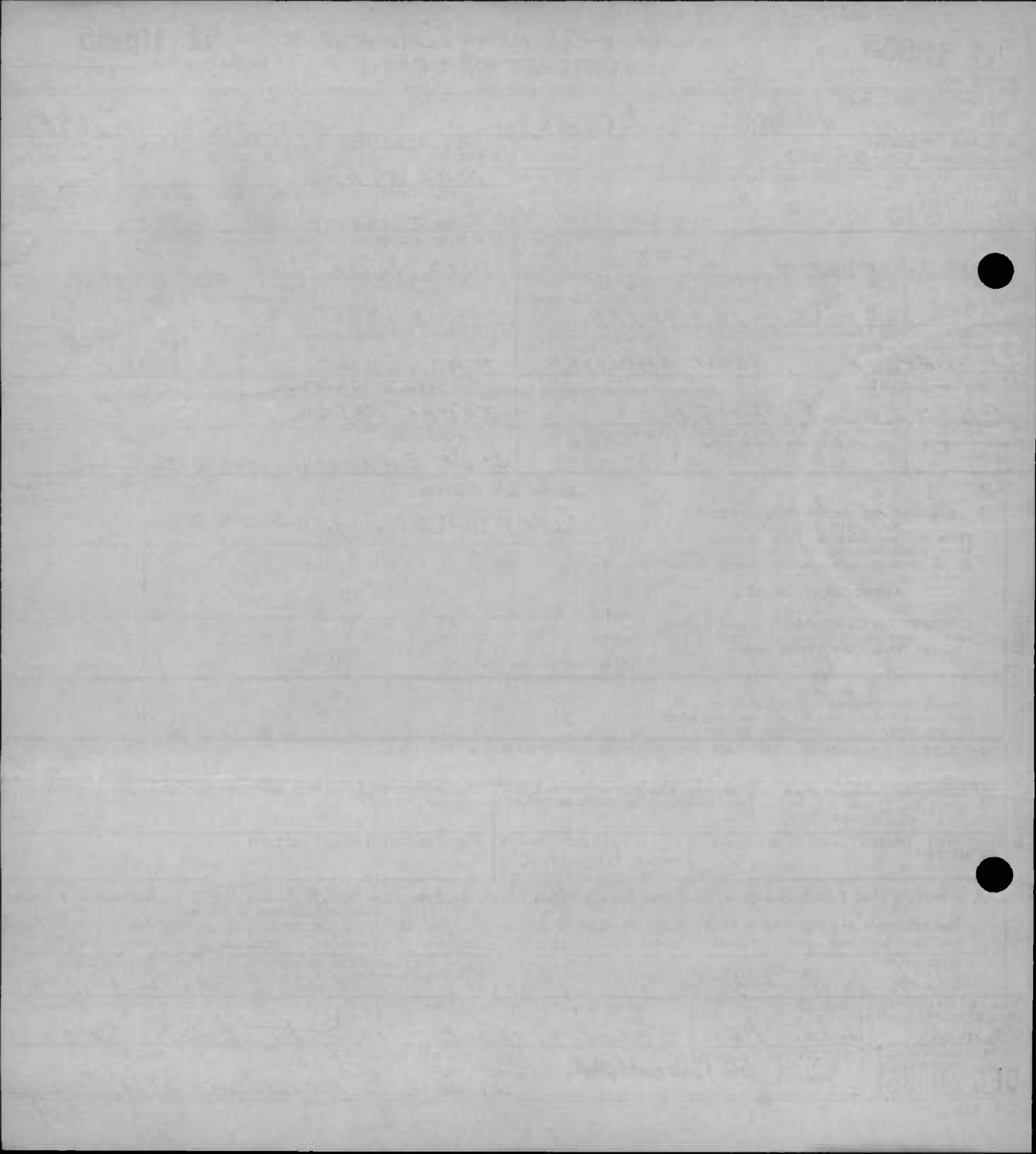
E. Donovan-3818 Roland

VS 151

64254

94a

MEDICAL CERTIFICATION



H-550
51 10986

51 10986

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) JOHN F HOHMANN			2. DATE OF DEATH Dec. 18, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-02		
Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 4600 Mainfield Ave		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) divorced	8. DATE OF BIRTH Oct. 15 - 1896	9. AGE (in years last birthday) 55	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed - Plumber Helper			11. BIRTHPLACE (State or foreign country) Baltimore Md		
13. FATHER'S NAME John P. Hohmann			14. MOTHER'S MAIDEN NAME Barbara		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Mrs Barbara Hohmann			ADDRESS 4600 Mainfield		

18. 540.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Diffuse peritonitis DUE TO perforated peptic ulcer ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) Diffuse peritonitis DUE TO perforated peptic ulcer (B) _____ DUE TO _____ (C) _____	INTERVAL BETWEEN ONSET AND DEATH
---	---	----------------------------------

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **partial autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE Stanley A. Duncanson M.D.	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED Dec. 19, 1951
--	---	--

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12/21/51	24C. NAME OF CEMETERY OR CREMATORY Parkwood	24D. LOCATION (City, town, or county) (State) Balto Md
DATE RECEIVED BY LOCAL REGISTRAR DEC 20 1951	REGISTRAR'S SIGNATURE Wilmington Williams	25. FUNERAL DIRECTOR L. J. Ruck	ADDRESS 5305 Bayford

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

TO :

FROM :

SUBJECT :

DATE :

OFFICE OF THE DIRECTOR

MEMORANDUM FOR :



ADMINISTRATIVE

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3
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ADMINISTRATIVE

ADMINISTRATIVE

ADMINISTRATIVE

ADMINISTRATIVE

S-300
51 10987BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10987

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Jesse A. Scott

2. DATE
OF
DEATH

Dec 18-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

5078 Orville Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

D. STREET ADDRESS (If rural, give location)

5078 Orville Avenue

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Feb. 7-1889

9. AGE (In years
last birthday)

62

If Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

State Keeper

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Bald Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Lee Scott

14. MOTHER'S MAIDEN NAME

2.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Mr. Jasper Scott - 5078 Orville

ADDRESS

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Acute Congestive Heart Failure

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Hypertension, Atherosclerotic
Cardio-Vascular disease

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Bronchial Asthma

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 1949 to Dec 18, 1951, that I last saw the
deceased alive on 12/18, 1951, and that death occurred at 1:20 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

3400 Edman Ave

12/19/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 20 1951

VS 150

L. J. Kuck 5305 Harford

937

Dr. Stevens.
Edman Ave.

3 25
51 10988BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10988
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) GERTRUDE HAZEL HODGSON			2. DATE OF DEATH Dec. 18, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR US Public Health Service INSTITUTION Hospital W. an Pk. Drive & 31st St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 13-06		
c. Length of stay in Baltimore 2 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3334 Gilman Terrace		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) wid.	8. DATE OF BIRTH 11/10/93	9. AGE (in years last birthday) 58	10. Under 1 Year Months Days 11 Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired (LGAL)			11. BIRTHPLACE (State or foreign country) Utah		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME William R. Hungate			14. MOTHER'S MAIDEN NAME Joanna Johnson		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT ADDRESS Records-US PHS HOSPITAL, BALTO, MD.		

18. 587.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Acute Hemorrhagic Pancreatitis DUE TO (B) DUE TO (C) Postoperative state, exploratory laparotomy INTERVAL BETWEEN ONSET AND DEATH 3 days 30 minutes	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.	

19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec. 17, 1951, to Dec. 18, 1951, that I last saw the deceased alive on Dec. 18, 1951, and that death occurred at 11:25 P.m., from the causes and on the date stated above.					
23A. SIGNATURE John L. Wilson, Clinical Director		23B. ADDRESS US PHS HOSPITAL, BALTO, MD.		23C. DATE SIGNED 12/19/51	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
Burial		12-21-51 SE Peters		Balto, md	
DATE RECEIVED BY LOCAL REGISTRAR DEC 20 1951		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR ADDRESS Howard St. 2503	

VS 150

39091

128

420
51 10989

51 10989

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Margaret Helenczyk</i>		2. DATE OF DEATH <i>Dec. 18/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>110 S. Wolfe St</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>2-02</i>	
C. Length of stay in Baltimore _____ Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <i>110 S. Wolfe St</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH _____. _____. _____. 9. AGE (In years last birthday) <i>62</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <i>Poland</i>		12. CITIZEN OF WHAT COUNTRY? _____	
13. FATHER'S NAME <i>Wlodarczyk</i>		14. MOTHER'S MAIDEN NAME <i>Gunk</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT <i>Ludwik Helenczyk</i>		ADDRESS _____	

18. <i>260X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <i>Arterio-sclerotic cardio</i> DUE TO <i>vascular disease</i> (B) <i>Diabetes</i> DUE TO _____ (C) _____	INTERVAL BETWEEN ONSET AND DEATH <i>years</i> <i>years</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION _____		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) _____ OF INJURY _____		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		21F. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from *6-1-51*, 19____, to *12-18-51*, 19____, that I last saw the deceased alive on *6-23-51*, 19____, and that death occurred at *11:15 pm.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Sigmund R. Nowak</i>	23B. ADDRESS <i>404 S. Patt. Ph. An.</i>	23C. DATE SIGNED <i>12-19-51</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Dec. 24/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Holy Rosary</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore</i>
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DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 20 1951</i>	REGISTRAR'S SIGNATURE <i>Wilmington Delaware, Md.</i>	25. FUNERAL DIRECTOR <i>Fred M. Ozogowski</i>	ADDRESS _____
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DEPARTMENT OF THE ARMY
OFFICE OF THE ADJUTANT GENERAL
WASHINGTON, D. C.

1. NAME
2. GRADE
3. POSITION
4. DATE
5. PLACE
6. REASON
7. ACTION
8. COMMENTS

FORM NO. 10

OFFICE OF THE ADJUTANT GENERAL
WASHINGTON, D. C.
1. NAME
2. GRADE
3. POSITION
4. DATE
5. PLACE
6. REASON
7. ACTION
8. COMMENTS

1. NAME
2. GRADE
3. POSITION
4. DATE
5. PLACE
6. REASON
7. ACTION
8. COMMENTS

1. NAME
2. GRADE
3. POSITION
4. DATE
5. PLACE
6. REASON
7. ACTION
8. COMMENTS

1. NAME
2. GRADE
3. POSITION
4. DATE
5. PLACE
6. REASON
7. ACTION
8. COMMENTS

1. NAME
2. GRADE
3. POSITION
4. DATE
5. PLACE
6. REASON
7. ACTION
8. COMMENTS

1. NAME
2. GRADE
3. POSITION
4. DATE
5. PLACE
6. REASON
7. ACTION
8. COMMENTS

1. NAME
2. GRADE
3. POSITION
4. DATE
5. PLACE
6. REASON
7. ACTION
8. COMMENTS

1. NAME
2. GRADE
3. POSITION
4. DATE
5. PLACE
6. REASON
7. ACTION
8. COMMENTS

423

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 51 10990

51 10990

BIRTH NO. 50-289021. NAME OF DECEASED
(Type or Print)Deborah Walston2. DATE
OF
DEATHDecember 18, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1220 E. Preston St.

8. DATE OF BIRTH

7-14-50

9. AGE (in years last birthday)

1

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

none

11. BIRTHPLACE (State or foreign country)

md.

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Joseph Walston

14. MOTHER'S MAIDEN NAME

Lilly Mae

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT ADDRESS

JOHNS HOPKINS HOSPITAL18. 526 X 1 CAUSE OF DEATHDISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Acute Bronchitis
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH

5 days

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

1. Noncancerous congenital heart disease Life
2. Anemia due to iron deficiency 5 mo

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-17, 1951, to 12-18, 1951, that I last saw the deceased alive on 12-18, 1951, and that death occurred at 6:30 P.m., from the causes and on the date stated above.

23A. SIGNATURE

David L. Sperry

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

12-19-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12/21/51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county) (State)

Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

DEC 20 1951

REGISTRAR'S SIGNATURE

William J. Williams, Jr.

25. FUNERAL DIRECTOR

Wm. J. Chatman Jr.

ADDRESS

1701 McCall St.

VS 150

157E Balto. Md.

MEDICAL CERTIFICATION

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 10991

Registered No.

ND 51 42991

BIRTH NO.

51-28436

1. NAME OF DECEASED
(Type or Print)

Baby Girl Braxton (Jeanette)

2. DATE

OF

DEATH Dec. 7, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

5. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

Baltimore City Hospitals

4940 Eastern Avenue

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

606 Roundview Rd.

6. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Dec. 6, 1951

9. AGE (In years
last birthday)10 Under 1 Year
Months: Days

1

11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Benny Segonia

14. MOTHER'S MAIDEN NAME

Jeanette Braxton

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Baltimore City Hospitals
Records: 4940 Eastern Avenue

CAUSE OF DEATH

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Prematurity

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

Life

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-6, 1951 to 12-7, 1951 that I last saw the
deceased alive on 12-7, 1951 and that death occurred at 1:40 a.m., from the causes and on the date stated above.

23A. SIGNATURE

J.S. Orogen

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

12-12-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Cremation

24B. DATE

12-11-51

24C. NAME OF CEMETERY OR CREMATORY

B.C.H. Crematory

24D. LOCATION (City, town, or county)

4940 Eastern Avenue

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 20 1951

VS 150

159

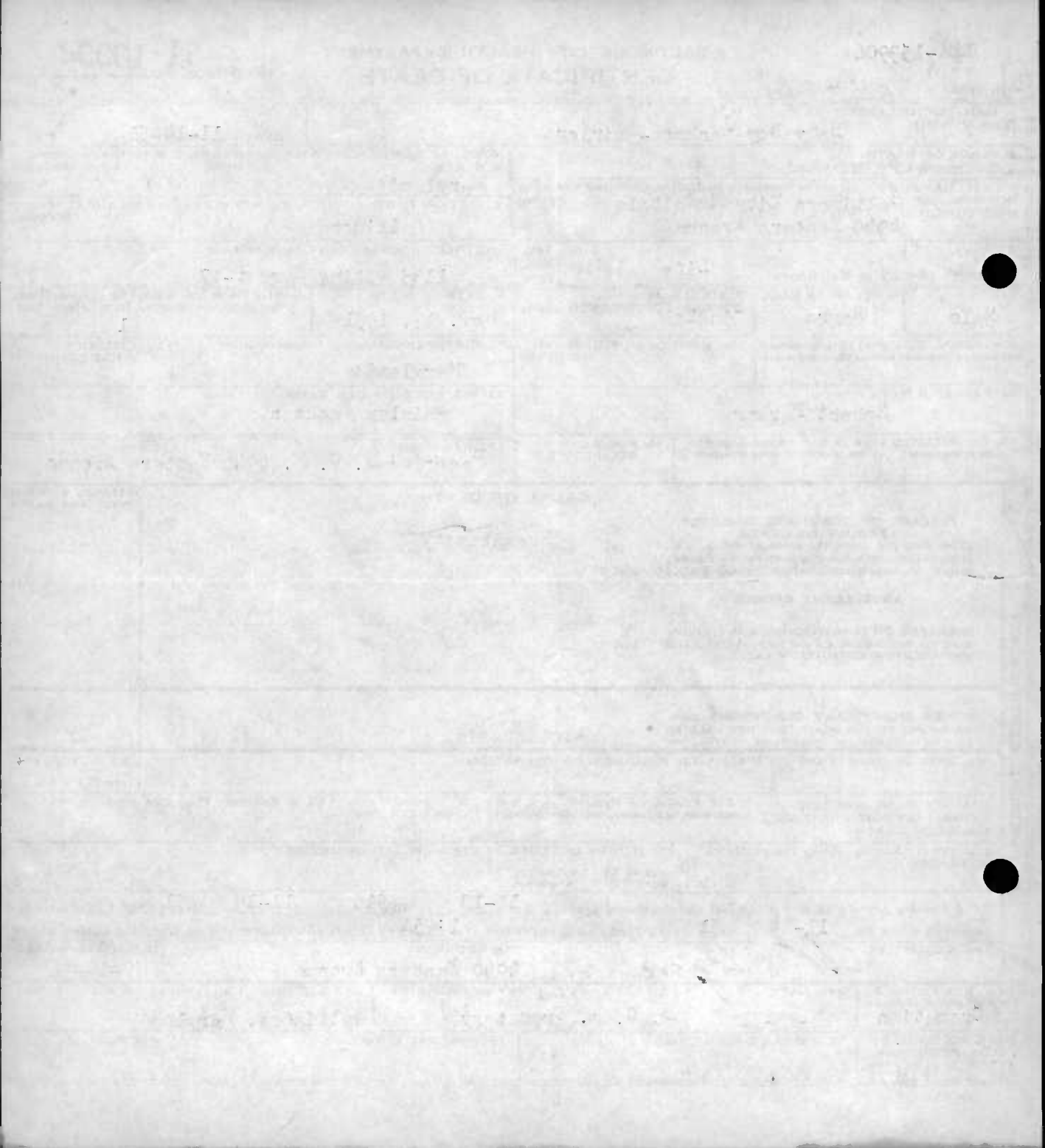
MEDICAL CERTIFICATION

250
HEA-133906BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10992
Registered No.

1. NAME OF DECEASED (Type or Print) Baby Boy Jackson-Shirley		2. DATE OF DEATH 11-14-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR Baltimore City Hospitals INSTITUTION 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1135 Etting Street-17	
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Nov. 13, 1951
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) 11 Under 1 Year Months: Days: 1 11 Under 24 Hours Hours: Min.
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Robert Parker		14. MOTHER'S MAIDEN NAME Shirley Jackson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
		17. INFORMANT Records: B. C. H. 4940 Eastern Avenue	

18. 7625 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Prematurity (A) DUE TO (B) DUE TO (C) DUE TO		INTERVAL BETWEEN ONSET AND DEATH Life
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Atelectasis		1 Day

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-13, 1951, to 11-14, 1951, that I last saw the deceased alive on 11-14, 1951, and that death occurred at 1:45A m., from the causes and on the date stated above.					
23A. SIGNATURE B. C. H. 4940 Eastern Avenue		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 12-14-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24B. DATE 12-13-51		24C. NAME OF CEMETERY OR CREMATORY B. C. H. Crematory	
24D. LOCATION (City, town, or county) Baltimore, Maryland		24E. NAME OF CEMETERY OR CREMATORY B. C. H. Crematory		24F. LOCATION (City, town, or county) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR DEC 20 1951		REGISTRAR'S SIGNATURE W. J. Williams, Jr.		25. FUNERAL DIRECTOR ADDRESS	



326
51-10993

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51-10993

BIRTH NO. 51-29246

1. NAME OF DECEASED
(Type or Print)

Baby Girl Rodgers (Mary Catherine)

2. DATE
OF
DEATH

Dec. 17, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

Baltimore City Hospitals
4940 Eastern Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1026 Homewood Ave. (2)

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

Dec. 15, 1951

9. AGE (In years
last birthday)

10 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

2

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Harry Rodgers

14. MOTHER'S MAIDEN NAME

Mary Catherine Stockman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS
Records: Baltimore City Hospitals
4940 Eastern Avenue

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Massive right pulmonary atelectasis

DUE TO

36 Hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from 12-15, 1951, to 12-17, 1951 that I last saw the
deceased alive on 12-17, 1951, and that death occurred at 5:55a m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

4940 Eastern Avenue

12-18-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Cremation

12-18-51

B.C.H. Crematory

4940 Eastern Avenue

DATE RECEIVED BY
LOCAL REGISTRAR

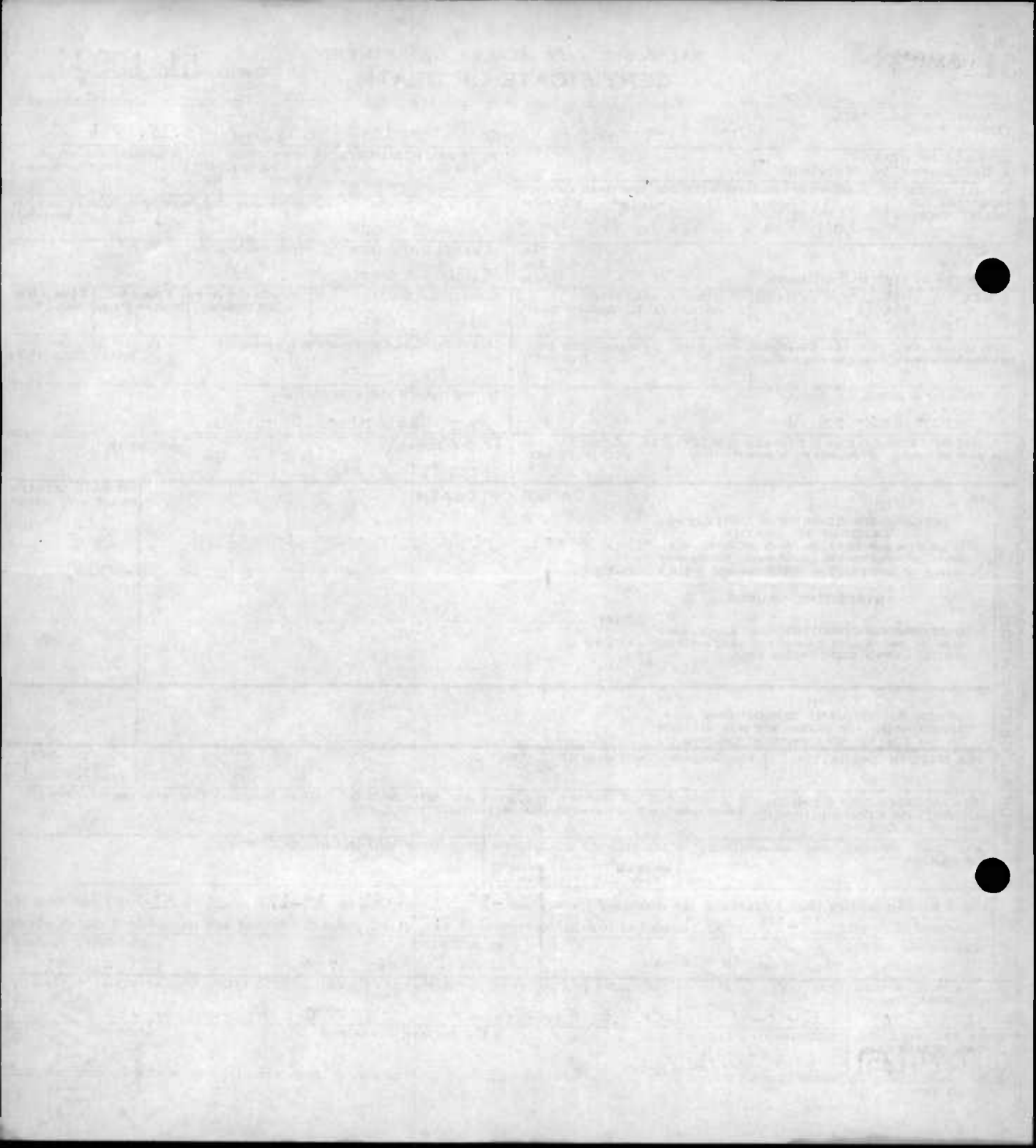
REGISTRAR'S SIGNATURE

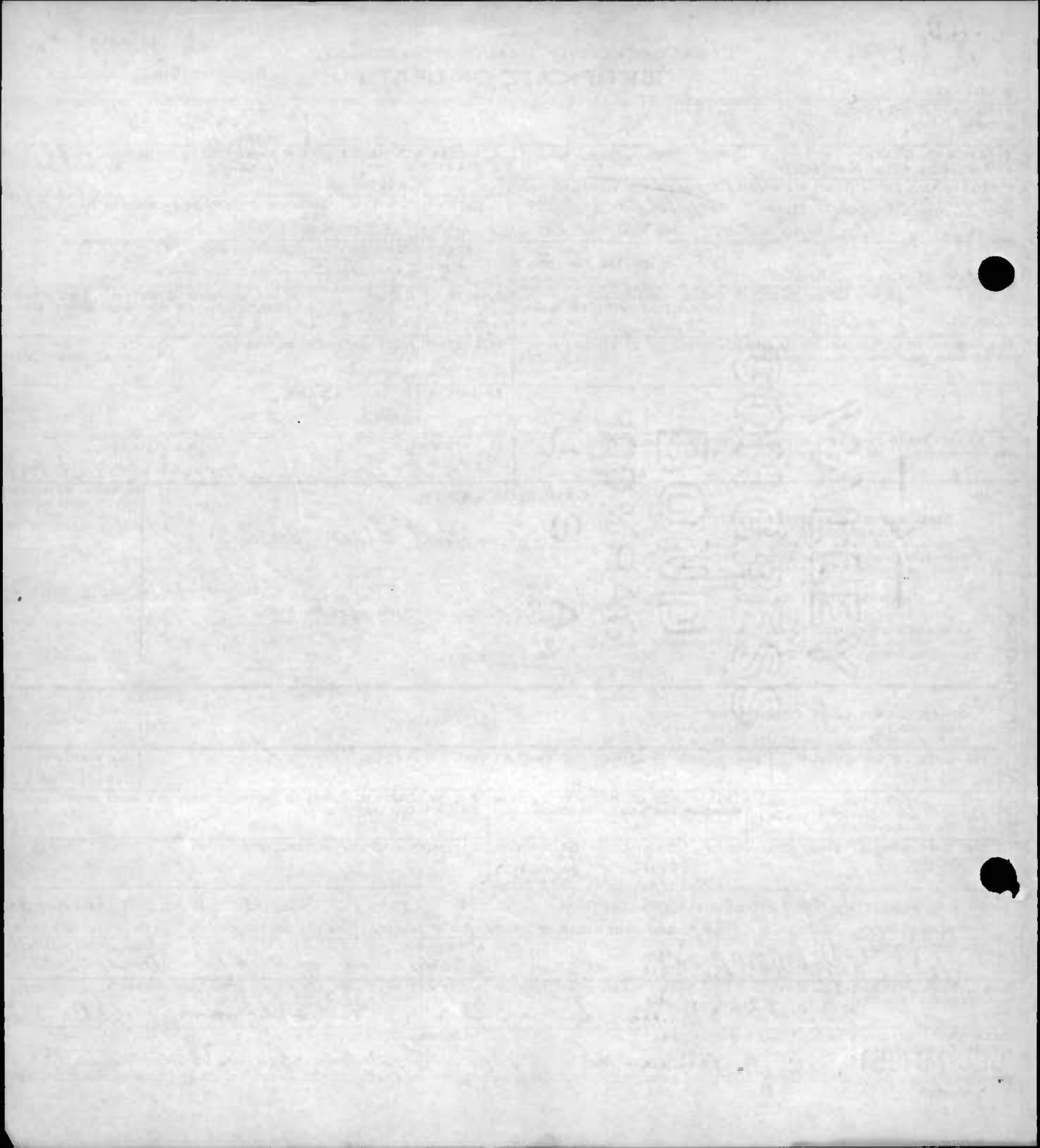
25. FUNERAL DIRECTOR

ADDRESS

DEC 20 1951

W. H. Williams, Jr.





590
51 10995BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10995

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Ann Ryan

2. DATE
OF
DEATH

12-19-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

Baltimore

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

UNION MEMORIAL HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Cockeysville

D. STREET ADDRESS (If rural, give location)

Ashland Road

Length of stay in Baltimore

85

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

May 1, 1864

9. AGE (In years
last birthday)

87

10. Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Ireland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

John Ryan

14. MOTHER'S MAIDEN NAME

Bridget Powell

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Michael J. Ryan - son

4135 Falls Rd., Balto.

18.

584/X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

CAUSE TO

(A) Common bile duct stone

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE TO

(B) Chronic cholecystitis & cholelithiasis

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Right sided diaphragmatic hernia
Generalized arteriosclerosisINTERVAL BETWEEN
ONSET AND DEATH

?

?

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 12-18, 1951, to 12-19, 1951, that I last saw the
deceased alive on 12-19, 1951, and that death occurred at 7:55 Am., from the causes and on the date stated above.

23A. SIGNATURE

Alfred S. Nelson

M. O.

23B. ADDRESS Union Memorial Hosp.

Baltimore 18 Maryland

23C. DATE SIGNED

Dec 19, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/22/51

24C. NAME OF CEMETERY OR CREMATORY

St. Mary's Cem

24D. LOCATION (City, town, or county) (State)

Goyans, Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Anthony J. Williams, M.D.

25. FUNERAL DIRECTOR

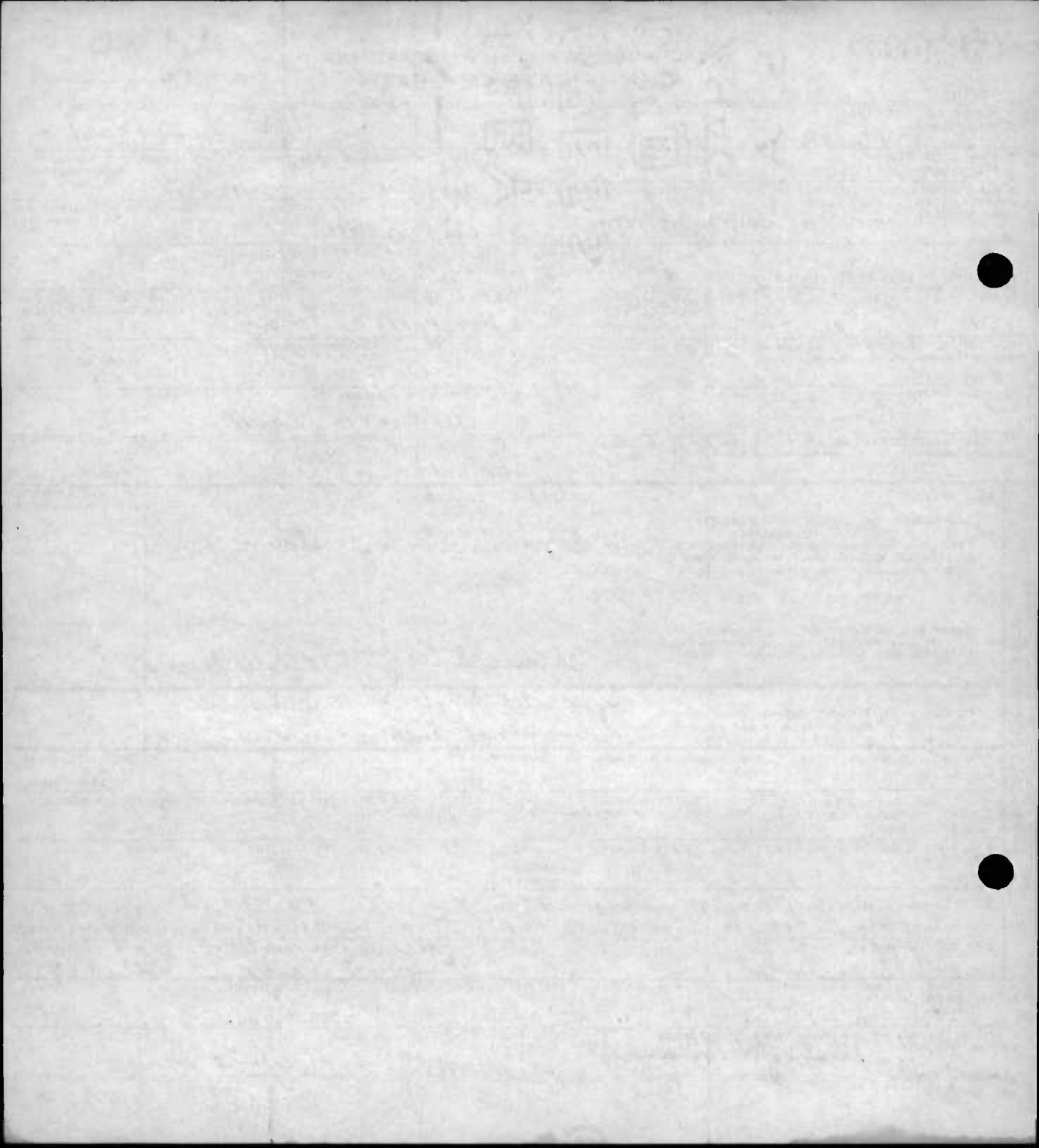
ADDRESS

Wm. J. Vickers & Sons

Balto Md.
126

DEC 20 1951

MEDICAL CERTIFICATION



640
51 10996BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10996

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Janet Mona Morrell

2. DATE
OF
DEATH

12-19-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

South Baltimore General Hospital

Yrs.

C. Length of stay in Baltimore

24

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

13. FATHER'S NAME

John MacEwan

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

March 14, 1899

9. AGE (In years
last birthday)

52

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

England

12. CITIZEN OF
WHAT COUNTRY?

ENGLAND

14. MOTHER'S MAIDEN NAME

Euphemia Thompson

17. INFORMANT

ADDRESS

Mr. Eric Morrell - 4000 Groveland Ave.

18. 443X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Subarachnoid Hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertensive C.V. Disease

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Rheumatoid Arthritis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-18, 1951, to 12-19, 1951, that I last saw the
deceased alive on 12-19, 1951, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

B. C. B. Quinn

23B. ADDRESS

1213 216th ST

23C. DATE SIGNED

12-19-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Cremation

24B. DATE

12/21/51

24C. NAME OF CEMETERY OR CREMATORY

Greenmount Crematory

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Wm. J. Lickner & Son -

ADDRESS

93c Balto, Md.

VS 150

MEDICAL CERTIFICATION

2014-10-17

10-17-14

UNITED STATES

DEPARTMENT OF THE ARMY

HEADQUARTERS, 10TH ARMY

WASHINGTON, D. C.

10-17-14

10-17-14

10-17-14

10-17-14

10-17-14

10-17-14

10-17-14

10-17-14

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10-17-14

10-17-14

10-17-14

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
 (Type or Print)

NELLIE N. JONES

2. DATE OF DEATH
 Dec. 17, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
 HOSPITAL OR INSTITUTE

1515 Ellamont St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1515 Ellamont St.

Length of stay in Baltimore

Yrs.
 Mos.
 Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
 married

8. DATE OF BIRTH

June 28, 1889

9. AGE (In years last birthday)

62

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
 Housewife

10B. KIND OF BUSINESS OR INDUSTRY
 at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Stephens

14. MOTHER'S MAIDEN NAME

Virginia Backer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
 Mr. Donald Jones - 1513 Ellamont St.

18. 260 X 1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
 (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *leucocytic Occlusion*
 DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Diabetic Mellitus*
 DUE TO

(C)

2 year

II
 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
 YES ☐ NO ☒

21A. ACCIDENT WAS UNDER- LYNING ☐ OR CONTRIBUTING CAUSE OF DEATH ☒

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 1951, to Dec 17, 1951, that I last saw the deceased alive on Dec 16, 1951, and that death occurred at 9:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

John H. [Signature]

23B. ADDRESS

1219 Poplar Avenue

23C. DATE SIGNED

12/19/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12/20/51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county) (State)

Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

Wm. J. [Signature]

ADDRESS

Balto 17 Md 61

RECORDS OF THE
OFFICE OF THE
DIRECTOR OF THE
BUREAU OF THE
LAND OFFICE

APR 18 1880
RECEIVED
OFFICE OF THE
DIRECTOR OF THE
BUREAU OF THE
LAND OFFICE

230

51 10998

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10998

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BULLEN

ALICE S. KASDA

2. DATE
OF
DEATH

12/18/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

LUTHERAN Hosp. of MD.

C. Length of stay in Baltimore

Yrs.
Mos.
Days5. SEX
F6. COLOR OR RACE
W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
MARRIED4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2015 N MONROE ST. #17

8. DATE OF BIRTH

Sept. 17, 1887

9. AGE (In years
last birthday)

64

10. Under 1 Year
Months: Days
11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY

at home

13. FATHER'S NAME

Thomas King

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

-- Turner

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.
none

17. INFORMANT

ADDRESS

Mr. John C. Kasda - 2015 N. Monroe St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)(A) UREMIA
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) CHRONIC PYELONEPHRITIS
DUE TO(C) OLD MYOCARDIAL INFARCT
ARTERIO SCLEROTIC CARDIO VAS DIS.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.

DIABETES MELLITUS

in admission
Dec. 8, 1951
condition
found
over
4 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from DEC. 8, 1951, to DEC 18, 1951, that I last saw the deceased alive on DEC 7, 1951, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

W. G. Emond

M. D.

23B. ADDRESS

Lutheran Hosp

23C. DATE SIGNED

12/18/51

24A. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

24B. DATE

12/21/51

24C. NAME OF CEMETERY OR CREMATORY

Meadowridge Cem.

24D. LOCATION (City, town, or county) (State)

Elkridge, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

DEC 20 1951

25. FUNERAL DIRECTOR

ADDRESS

Chas. J. Pickner & Sons

Bacto 17 Md 61

CERTIFICATE OF DEATH

IN THE CITY OF NEW YORK

DECEASED

NAME

AGE

SEX

RACE

DATE OF DEATH

PLACE OF DEATH

Cause of Death

Signature of Physician

Signature of Registrar

Signature of Coroner

Signature of Medical Examiner

Signature of Burial Officer

Signature of Undertaker

Signature of Funeral Home

Signature of Cemetery

Signature of Interment

Signature of Burial

Signature of Burial

Signature of Burial

532

BALTIMORE CITY HEALTH DEPARTMENT

51-10999

CERTIFICATE OF DEATH

Registered No. 3698

BIRTH NO. 51-10999 51-23151

1. NAME OF DECEASED (Type or Print) <i>Daniel Santts</i>		2. DATE OF DEATH <i>12-19-51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY <i>15-02</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>1718 Lorman St</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto</i>	
C. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>1718 Lorman St</i>	
5. SEX <i>m</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>S</i>	8. DATE OF BIRTH <i>Oct 5, 1951</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <i>James Santts</i>		14. MOTHER'S MAIDEN NAME <i>Elaine Means</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Elaine Santts</i>		ADDRESS <i>1718 Lorman St</i>	

18. *490x I* CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *lobar Pneumonia* DUE TO

INTERVAL BETWEEN ONSET AND DEATH
3 days

ANTECEDENT CAUSES

(B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *0* 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

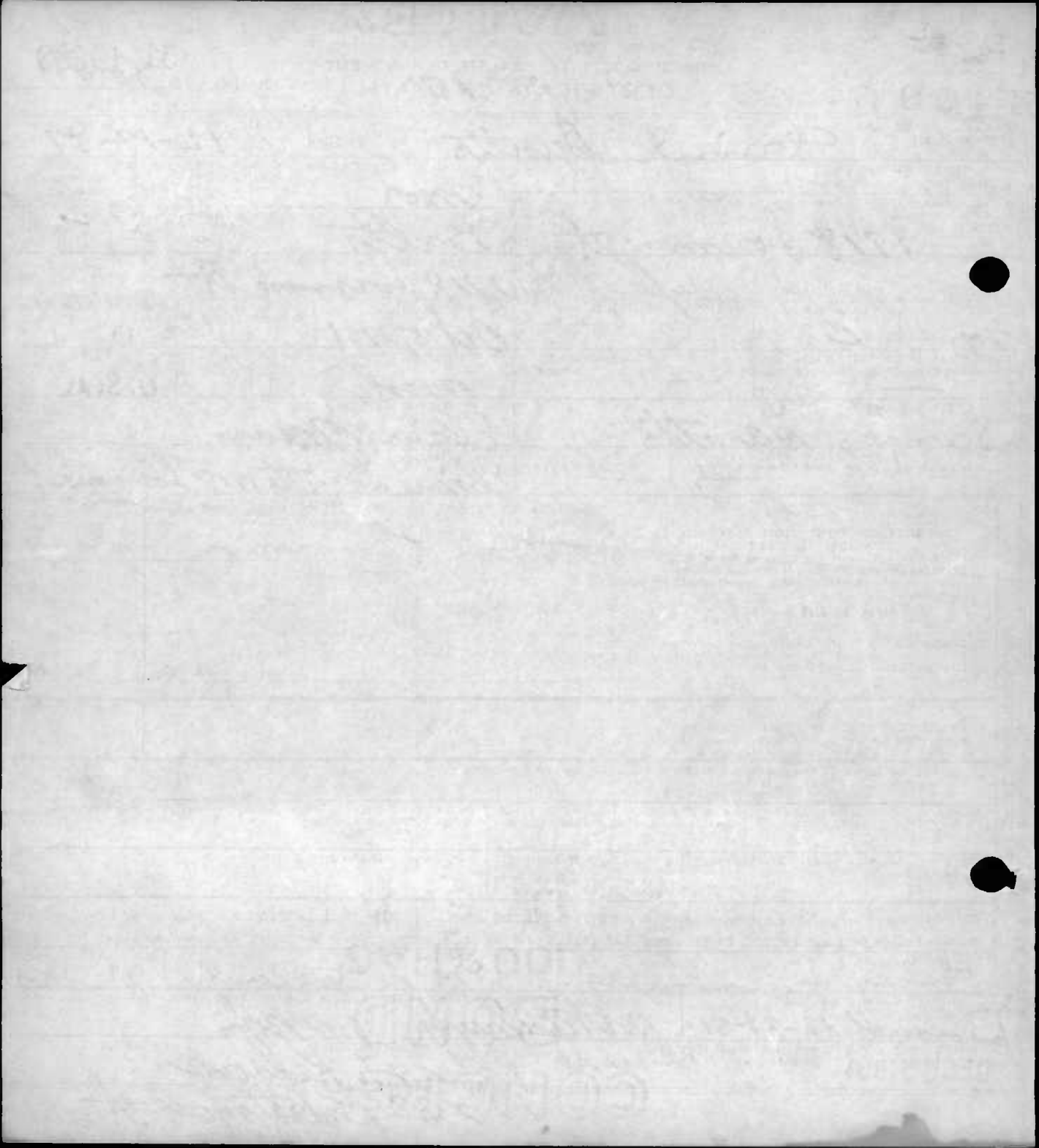
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *12-17*, 1951, to *12-19*, 1951, that I last saw the deceased alive on *12-18*, 1951, and that death occurred at *7 A* m., from the causes and on the date stated above.

23A. SIGNATURE *Frank A. Saunders* M.D. 23B. ADDRESS *1029 N. Stricker St.* 23C. DATE SIGNED *12-20-51*

24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 24B. DATE *12-21-51* 24C. NAME OF CEMETERY OR CREMATORY *Wtaubury* 24D. LOCATION (City, town, or county) (State) *md*

DATE RECEIVED BY LOCAL REGISTRAR *DEC 20 1951* REGISTRAR'S SIGNATURE *[Signature]* 25. FUNERAL DIRECTOR *Geo. S. Kelson* ADDRESS *1363 Brewster St*



240
11000
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 11000
Registered No.

1. NAME OF DECEASED (Type or Print) James McCall			2. DATE OF DEATH Dec. 18, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 107 W. 20th St			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore 25 years Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 107 W. 20th St.		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Nov. 20, 1899	9. AGE (In years last birthday) 52	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			11. BIRTHPLACE (State or foreign country) North Carolina		
10B. KIND OF BUSINESS OR INDUSTRY Gen			12. CITIZEN OF WHAT COUNTRY? U. S. A		
13. FATHER'S NAME McCall			14. MOTHER'S MAIDEN NAME Mary ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT John McCall			ADDRESS 2035 E. Preston St.		

18. 422.21 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Chronic Myocardite (A) DUE TO	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH 2 yrs.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.		

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Dec. 20, 1948** to **Dec 18, 1951**, that I last saw the deceased alive on **Dec. 17, 1951** and that death occurred at **10** m., from the causes and on the date stated above.

23A. SIGNATURE **James O. Jones** M. D. 23B. ADDRESS **2029 General L** 23C. DATE SIGNED **Dec 20. 51**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **12-21-51** 24C. NAME OF CEMETERY OR CREMATORY **Mt. Auburn Cem** 24D. LOCATION (City, town, or county) (State) **Baltimore, Md.**

DATE RECEIVED BY LOCAL REGISTRAR **DEC 20 1951** REGISTRAR'S SIGNATURE **Wm. Thomas H. Henkel** 25. FUNERAL DIRECTOR ADDRESS **38 W. Biddle St.**

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